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**County Borough of Halifax**  
**Health Department**

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# **Annual Report**

**ON THE HEALTH  
OF THE BOROUGH  
FOR THE YEAR 1964**

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**JOHN G. CAIRNS**  
**M.B., Ch.B., D.P.H.**  
**Medical Officer of Health**

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**County Borough of Halifax**  
**Health Department**

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**Medical Officer of Health**

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# Health Committee

(as on 31st December, 1964)

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The Worshipful, The Mayor  
Alderman DOUGLAS FAWCETT, J.P.

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Chairman: Alderman Mrs. L. A MITCHELL

Vice-Chairman: Councillor JAMES BLACKBURN  
Alderman E. O. BOWER      Alderman F. H. SWIRE, P.Ch.

## Councillors:

E. C. ASTIN, F.B.A.A.	S. HOLLAND
G. E. CHADWICK	J. W. KEENAN
R. DEADMAN, M.P.S.	A. OAKES, J.P.
J. A. DRAKE, C.B.E., J.P.	C. G. STREETER
F. HIGGINS	I. L. WARNE

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## Sub-Committees

### Accounts Sub-Committee:

THE CHAIRMAN  
VICE-CHAIRMAN  
Alderman F. H. SWIRE, Councillors: DEADMAN, HOLLAND

### Sanitary Services & Clean Air Sub-Committee:

THE MAYOR  
THE CHAIRMAN  
VICE-CHAIRMAN  
Aldermen: BOWER and SWIRE  
Councillors: ASTIN, DEADMAN, DRAKE,  
HOLLAND, L. I. WARNE

### Maternal and Child Welfare Sub-Committee:

THE CHAIRMAN  
VICE-CHAIRMAN  
Alderman SWIRE, Councillors: CHADWICK, HOLLAND,  
STREETER, L. I. WARNE  
Co-opted Members: Mrs. JOAN GREENWOOD, J.P.  
Mrs. GLADYS PICKLES  
Mrs. DORIS RHODES

### Mental Health and Care Sub-Committee:

THE CHAIRMAN  
VICE-CHAIRMAN  
Alderman F. H. SWIRE, Councillors: ASTIN, DEADMAN, HOLLAND,  
KEENAN, STREETER  
Co-opted Member: Dr. W. H. CRAVEN, B.Sc., M.B., Ch.B., D.T.M.



# Staff of the Health Department

(as on 31st December, 1964)

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## Medical Officer of Health

JOHN G. CAIRNS, M.B., Ch.B., D.P.H.

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## Deputy Medical Officer of Health

ARTHUR MICHAEL HILL, M.B., Ch.B., D.P.H.

## Assistant Medical Officers

MARGARET E. ANDERSON, M.B., Ch.B.  
JOHN PATON STUART (1/11/64), M.B., Ch.B.

## Chief Public Health Inspector

ARTHUR W. PERRY, M.R.S.H., M.A.P.H.I., D.P.A., Dip. San. Sc.

## Meat and Foods Inspector

G. A. WOODHEAD 1. 2.

## Lay Administrative Officer

HAROLD HUDSON, A.R.S.H.

## Senior Public Health Inspector

J. E. BANKS 1. 2. 3. 4.

## District Public Health Inspectors

F. BURKE 1. 2. T. ASHWORTH 1. 2. T. HOWARD 1. 2.  
J. D. BARKER 1. 2. 3. C. RHODES 1. 2. D. P. KAYE 1. 2.  
Pupils: J. BARRACLOUGH, D. BROADBENT, B. R. SWAINE

## Smoke Control Inspectors

A. LUM 1. 2. 3. K. HUBBARD, Clerk of Works

## Housing Inspectors

R. CROSSLEY 1. 2. N. HELLIWELL 1. 2. A. BRUCE 1.

## Rodent Control

R. GARFORTH, Senior Operative

## Clerical Staff

J. CHARLESWORTH (Asst. L.A.O.). E. I. DAVIS (Senior Clerk,  
Health Inspectors' Section). Mrs. E. A. SUNDERLAND. D. SPEAK.  
R. GOLD. Mrs. B. L. WATSON (M. & C. W.). J. WILSON.  
K. HITCHCOCK. P. G. FILBY. M. STOPFORD. M. WHITE.  
Miss P. JOHNSON. Miss U. WILLIAMS (Housing). Miss V. COBBOLD.  
Mrs. R. McNAMARA. Miss D. ATTIWELL. L. FEATHER.  
Miss G. VALENTINE

## Maternal and Child Welfare

Superintendent Nursing Officer: Miss V. SAVAGE 5. 6. 7. 12.  
Deputy Nursing Officer: Miss S. L. WALKER 5. 6. 7. 11. 12.  
Assistant Nursing Officer: DAVID S. BEER 5. 12.

## Health Visitors

Miss P. VAUGHAN 5. 6. 7. Miss I. HOLDSWORTH 5. 6. 7.  
Mrs. J. C. B. GREENWOOD 5. 6. 7. E. CROSSLEY 5. 6. 7.  
Part-time: Mrs. D. M. DACK 5. 6. 7.

Special Duties Nurses: J. ENDEACOTT 5.  
B. BURKE 5.  
F. J. ALLEN 5.

Clinic Nurses: Part-time: Mrs. R. ATKINSON 5. Mrs. E. BIRKETT 10.

### **Day Nurseries**

Craigie Lea Day Nursery, Ovenden: Matron, Mrs. M. R. WILSON 5, 8.  
Ling Bob Day Nursery, Pellon: Matron, Miss M. GOODWIN 5.

### **Mental Health Service**

Senior Mental Welfare Officer: L. HOLDSWORTH  
Social Welfare Officer: Mrs. C. BERRY  
Mental Welfare Officers: R. MUDD. P. NICKERSON  
Mental Welfare Assistants: Mrs. K. SHUTTLEWORTH.  
Mrs. P. C. TANSLEY  
Mental Welfare Officers (auxiliary): H. HUDSON, Miss S. L. WALKER

### **Training Centre**

Supervisor: Miss L. BALL  
Four Assistant Supervisors  
Male Instructor Mr. C. GREENWOOD

### **Ambulance Service**

Ambulance Officer: W. FITTON  
4 Shift Leaders, 16 Driver/Attendants, 2 Switchboard Operators

### **Domestic Help Organiser**

Mrs. A. FRIEND 5. 11.

### **Part Time**

Mr. J. N. I. EMBLIN, F.R.C.S., F.R.C.O.G. (Obstetrician)  
R. MALLINDER, B.Sc., F.I.C. (Public Analyst)  
Miss G. DAVIE, S.R.N., S.C.M., H.V's Cert. (Special Treatment Centre)  
F. LUXTON, M.Ch.S., M.R.S.H. (Chiropodist)  
W. ACKROYD, M.Ch.S. (Chiropodist)

### **Qualifications Denoted:**

1. Public Health Inspector's Certificate
2. Meat Inspector's
3. Smoke Inspector's
4. Diploma San. Sc. (Building & Public Works)
5. State Registered Nurse
6. State Certified Midwife
7. Health Visitor's Certificate
8. Registered Fever Nurse
9. Registered Sick Children's Nurse
10. Enrolled Assistant Nurse
11. Registered Mental Nurse
12. Queen's Nurse

# Annual Report 1964

## INTRODUCTION.

The Chairman and Members of the Health Committee.

It gives me great pleasure to present my 7th Annual Report. The arrangements of narrative, tables, etc. are similar to last year. Each section has an introductory paragraph and an attempt has been made to keep to a minimum the number of pages which are being sent to print.

It becomes obvious as one studies the health position and realises the importance of positive health, both at personal and environmental levels, that the preservation of health often demands that the liberty of the community may supersede the freedom of the individual.

This is by no means a new fangled theory or an outgrown dogma but something which is written into medical history. Before the personal idea of therapeutics became a cult, the importance of preserving the tribe was always the dominant aspect of preserving health. These thoughts are not inappropriate when we consider measures like the fluoridation of water supplies. If this technique has virtue then our personal choice must pay homage to scientific advance and be subservient to promoting the health of children and the greater good of the greater number. 1964 has been punctuated by landmarks on the road to a much better appreciation of what health really is. It does not certainly amount to a mere absence of physical symptoms or freedom from the discomforts of the flesh. More than ever the mortality statistics show that the first indication that something may be remiss with the functioning of the body is the onset of coronary thrombosis, hemiplegia or other physical cataclysm which prostrates or kills. Health checks by systematic examination and special examinations to diagnose particular diseases are the only means of ensuring freedom from illness. It may take a little time for the Halifax Health Authorities to organise on these lines but there is no let-up in the intensity of our thinking and our planning for the new clinical services which must become inevitable during the next year or two so that the fullest amount of community health can be achieved, even if as individuals we may be shaken out of our traditional lethargy in relation to these important matters.

As I write arrangements are in hand to intensify V.D. control. Reference is made to this in my report on this service. While education must permeate all enterprises militated against disease, it is of the first importance that contact tracing should be strict enough to curb the liberty and mobility of infected groups, whether male or female, so that the community is safeguarded from hazards which are largely preventable by efficient public health administration. It may be that physical treatments are effective in individual cases but it is only by a better system of control applied



to contacts and to resistant strains of infection which will provide the treatment required for community health.

The consideration of venereal disease control, however, lies in a better understanding of the complex aetiology which includes biological, moral, medical, religious, educational and economic factors, which, if understood, or partially understood, should strive to motivate conduct of the proper kind which would prevent the disease. When the Standing Committee is set up the primary aim of prevention will be to try to secure a better appreciation of these matters to protect young people.

It is not only in a clinical sense that the liberty of the community should be greater than the freedom of the individual. In the administration of health the national welfare should come before local or parochial self interest, so that a national policy concerning health would be that in a material way the stronger authority should be enabled to help the weaker, where the need for health measures may be greater. Whether neighbours are near or remote, local boundaries must not be allowed by their inefficiency to erect barriers to prevent the spread of the national health idea. Nevertheless, that being as it may it is a matter of regret that adjacent authorities have to compete fiercely for the recruitment of necessary staff.

During the year the work of the Department has been satisfactory. The Mental Health Services are providing effective co-operation in the matter of follow-up from hospital and, even where admission to hospital or psychiatric unit may not be necessary the social implications of mental illness are more readily understood. Psychiatric social clubs and hostels, the latter not yet large enough, are seen to be pointing the way to a more effective domiciliary control.

It is encouraging to know that sanitary services are tackling those problems which are basically antagonistic to good health and that housing programmes and smoke control areas are brightening the lives of many.

At the extremes of life in the care of children and the help which we give to the aged, our services are making progressive headway in the elaboration of these services which should be at their peak within the next two years and which include such things as protective inoculation against infection and the provision of a realistic domiciliary service of home helps, nurses, chiropodists, laundry services and physiotherapy in the home, which will be instrumental in keeping the people healthy and our municipal life happy.

I take this opportunity of thanking the sectional heads for their loyalty and the Chairman and Members of the Health Committee for their support.

Yours faithfully,

JOHN G. CAIRNS.

Medical Officer of Health.



# CONFERENCES ATTENDED 1964

Location	Subject	Dates	Committee	Remarks
Dept. of Audiology & Education of the Deaf. Manchester University.	Non-Residential course	15/19 February		A.M.O.
Slough	Visit to the workshops			Miss Ball
R.S.o.H.	1 day meeting Preston	25/6/64		MOH attended V.Ch. ?
Nat. Soc. for Clean Air	Annual General Meeting, London.	14/4/64	Health 10/2/64	Chairman C.P.H.I.
Queens Institute of District Nursing	Council Meeting York.	21/4/64		S.N.O.
Child Guidance inter-Clinic conference	Conference at London School of Economics	10/11 April	Education 16/3/64	Mr. Ives Dr. Price
Leeds Regional Hospital Board	One day Conference Harrogate	5/3/64	Health 9/3/64	MOH & SNO
Nat. Bureau for co-operation in child care	Council Meeting London	20/3/64	Health 9/3/64	MOH
Ambulance Officers Association	Group Meeting Leeds.	12/3/64		Ambulance Officer
Nat. Assoc. for M.H.	Annual Conference London.	27/28 February	Health 2/12/63	MOH & Chairman attended
	Federation Meeting Sheffield	19/2/64		SNO
Nat. Assoc. of Ambulance Officers.	Regional Meeting Huddersfield	20/2/64		Ambulance Officer
University of Manchester	Non-residential course for M.O's	21/26 September		Dr. Ruane
	One-day Conference on the Mongol Child, Leeds	27/6/64		Dr. Hill
Nat. Assoc. of ICW	London	June/July (5 days)		MOH
/C Assoc. of H.I.	Portsmouth	September		Ald. Mitchell C.P.H.I.
/C Inst. of Shops & Admin.	Skegness	September		Chief Insp. of Weights & Measures
Nat. Assoc. of /O	Llandudno	September		Ambulance Officer
Nat. Assoc. of Clean Air	Harrogate	October		C.P.H.I.
Nat. Assoc. for H.	Harrogate A.G.M.	November		S.M.W.O. D.M.O.H.
Nat. Coun. for Home Help Services	London	November		D.H.O.
g. Hosp. Board	Harrogate Liaison Meeting	December		D.H.O.

## SECTION I

### STATISTICS AND POPULATION

1,752 live births were registered during the year, equivalent to a crude birth rate of 18.35. The rate for 1962 was 17.51. When multiplied by the Area Comparability Factor, the adjusted rate for 1964 is 19.81, which corresponds with the rate for England and Wales of 18.4. Illegitimate live births numbered 156, as compared with 167 in 1963 and equal to 11.2% of the total live births. Notifications of premature births during 1964 showed a decrease of 23 on the previous year. During 1964 there were 14 more infant deaths due to prematurity. Details of all premature live and still births for two years are shown in Table II A.

There was a decrease in the number of still births during the year, the figures being 20 in 1964, and 31 in 1963. The rates for the two years were 11.3 and 18.14 respectively, whilst the rate for England and Wales for 1964 was 16.3. Deaths of infant under one week were more than in the previous year and the total Perinatal deaths numbered 54. The Perinatal mortality rate produced by this figure per 1,000 live and still births is 29.9 (England and Wales 28.2). Perinatal mortality is a sensitive index of the standard of ante-natal care which is satisfactory. The Infant Mortality position, however, with reference to infants from 1 month to 12 months is unsatisfactory.

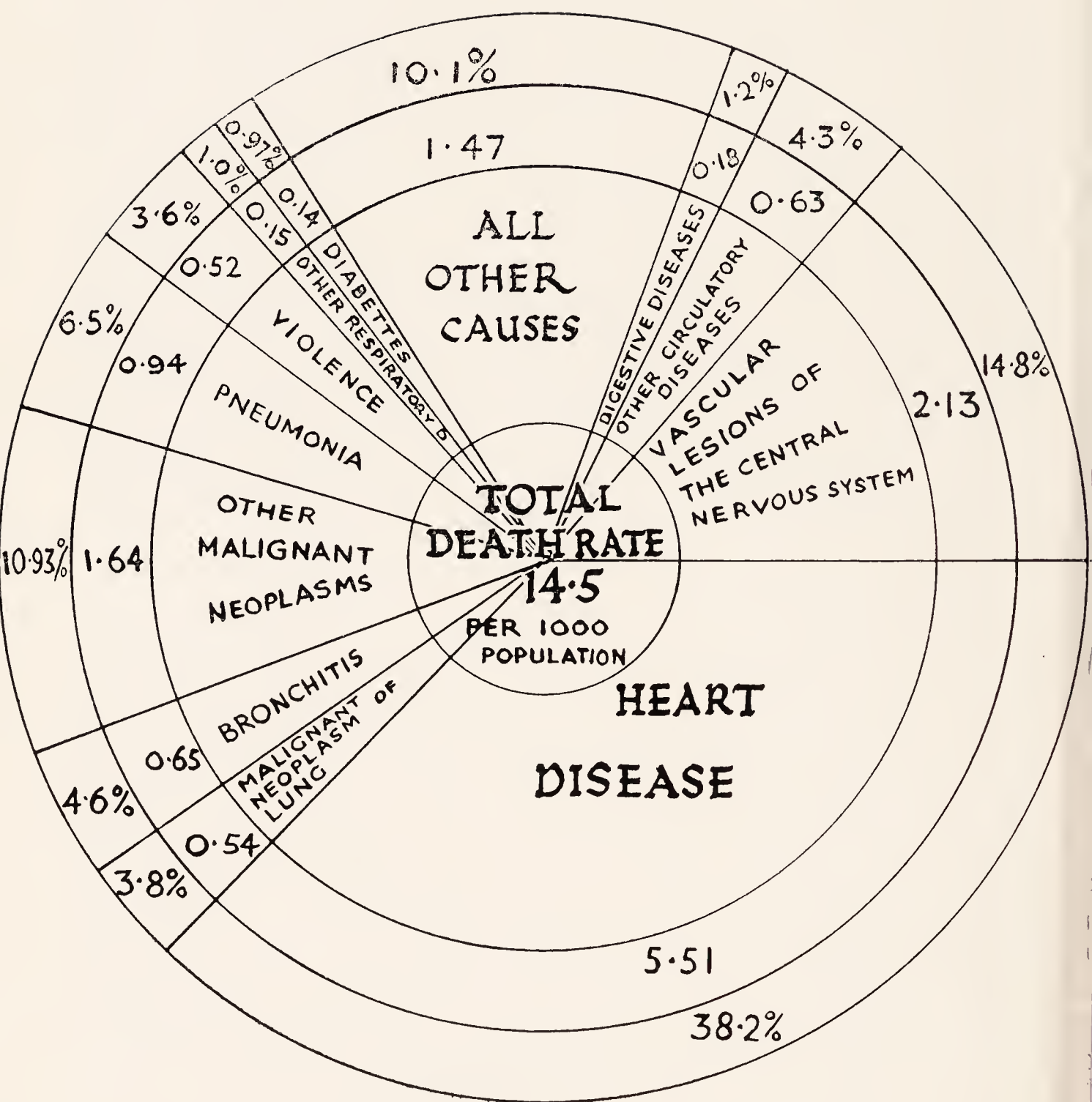
The total number of children who died under the age of one year was 58 compared with 49 in the previous year and the infant mortality rates for the two years were 33.10 in 1964 and 29.20 in 1963 per 1,000 live births. The figure for England and Wales for 1964 was 20.0. The figures relating to infant mortality for a ten year period are shown in Table V. Thirty-four children died during the first four weeks of life giving a neo-natal mortality rate of 19.40 per 1,000 live births compared with the England and Wales rate of 13.8. In 1963 the local rate was 13.11 whilst that for the country as a whole was 14.2. The number who died between the ages of one month and twelve months was 24 compared with 27 in 1963. The rate of 13.0 for 1964 shows a decrease on the 1963 rate, which was 16.1. Further details concerning infant mortality are given in Tables IV to IX. The principal causes to which the deaths of children under one year of age were attributed are shown in Tables VIII and IX.

Deaths of Halifax residents totalled 1379 in 1964 of which 670 were males and 709 were females. The crude death rate was 14.5 per thousand compared with 16.55 for 1963. When the crude death rate is multiplied by the area comparability factor, the adjusted death rate is 13.61 which compares with 15.56 in 1963. The rate for England and Wales for 1964 was 11.3. There were no maternal deaths during the year. In Table X the death rates are shown for Halifax and England and Wales for the past ten years.

There were no deaths from influenza, equivalent to a rate of 0.00 per thousand population as against a rate of 0.06 in 1963 and 0.01 in 1962. The total number of deaths from other respiratory diseases, excluding respiratory tuberculosis, showed a decrease on the previous year. 165 being recorded compared with 232 in 1963.

The "Short List" of causes of death (Table XI) confirms that Infectious Diseases and Tuberculosis are no longer major causes of death; over the years they have been replaced by cancer, heart disease and cerebro-vascular conditions. There were 217 deaths due to malignant neoplasms in 1964 a decrease on the previous year's figure. The rate per thousand estimated population was 2.27 as against the rate of 2.67 in 1963. Cancer deaths accounted for 15.73 per cent. of the total deaths for the year under review as compared with 16.13 per cent. in 1963 and 16.53 in 1962. Further comparisons on the deaths from this disease in recent years is given in Table XII. Fifty-one deaths were attributed to cancer of the lung and bronchus, a decrease of 10 on the previous year. The greatest number of deaths occurred in males in the age group 45-64 years. Deaths from cancer of the stomach numbered 35 compared with 38 in 1963 and 35 in 1962. Table XIII gives an analysis of deaths from malignant neoplasms showing the parts of the body affected and the age at which death occurred. Deaths from Coronary Disease have increased this year, there being 394 deaths as against 390 during 1963. The rate per estimated 1,000 population being 3.73 as against 4.07 for 1963 (Tables XIV-XVII).







# STATISTICS AND SOCIAL CONDITIONS OF THE AREA

## SUMMARY

Latitude	...	...	...	...	...	...	53° 44' North
Longitude	...	...	...	...	...	...	1° 50' West
Mean Height above sea level	...	...	...	...	...	...	780 feet
Area (Acres)	...	...	...	...	...	...	14,081
Population (Census 1931)	...	...	...	...	...	...	98,115
(Males 44,600. Females 53,515)							
Population (Census 1951)	...	...	...	...	...	...	98,376
(Males 45,487. Females 52,889)							
Population (Registrar General's Estimate 1964)	...	...	...	...	...	...	95,450
Population (Census 1961)	...	...	...	...	...	...	96,073
Density of population per acre	...	...	...	...	...	...	6.83
Number of inhabited houses (1931 Census)	...	...	...	...	...	...	28,488
Number of inhabited houses on 31st December, 1964 according to the Rate Books	...	...	...	...	...	...	34,558
Average number of persons to each occupied house	...	...	...	...	...	...	2.78
Rateable Value (31st December, 1964)	...	...	...	...	...	...	£2,628,126
Sum represented by a Penny Rate (1964-65)	...	...	...	...	...	...	£10,480

## EXTRACT FROM VITAL STATISTICS FOR THE YEAR

				Male	Female	Total
Live Births—Legitimate	...	...	...	845	751	1,596
Illegitimate	...	...	...	87	69	156
Total	...	...	...	932	820	1,752
Live Birth Rate per 1,000 Estimated Resident Population						
Crude	...	...	...	...	...	18.35
Adjusted	...	...	...	...	...	19.81
Illegitimate Live Births per cent. of total live births	...	...	...	...	...	11.2

EXTRACT FROM VITAL STATISTICS FOR THE YEAR (Cont.)

	Male	Female	Total
Stillbirths—Legitimate ... ..	10	7	17
Illegitimate ... ..	1	2	3
	<hr/>	<hr/>	<hr/>
Total ... ..	11	9	20
Stillbirth Rate per 1,000 Live and Stillbirths ... ..			11.3
Total Live and Stillbirths ... ..			1,772
Deaths of Infants:—	Male	Female	Total
Under 1 year of age—Legitimate	37	14	51
Illegitimate	4	3	7
	<hr/>	<hr/>	<hr/>
Total ... ..	41	17	58
Infant Mortality Rates:—			
Total Infant Deaths per 1,000 total live births ... ..			33.1
Legitimate Infant Deaths per 1,000 Legitimate Live Births ... ..			32.00
Illegitimate Infant Deaths per 1,000 Illegitimate Live Births ... ..			44.87
Deaths of Infants:—	Male	Female	Total
Under 4 weeks of age—Legitimate	23	7	30
Illegitimate	3	1	4
	<hr/>	<hr/>	<hr/>
Total ... ..	26	8	34
Neo-Natal Mortality Rate per 1,000 total live births ... ..			19.4
Deaths of Infants:—	Male	Female	Total
Under the age of 1 week—Legitimate	22	7	29
Illegitimate	3	1	4
	<hr/>	<hr/>	<hr/>
Total ... ..	25	8	33
Early Neo-Natal Mortality Rate per 1,000 total live births ... ..			18.8
Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths) ... ..			29.9
Maternal Deaths (including abortion) ... ..			Nil
Maternal Mortality Rate per 1,000 Live Stillbirths ... ..			0.00
	Male	Female	Total
TOTAL DEATHS (all ages) ... ..	670	709	1,379
Death rate per 1,000 Estimated Resident Population			
Crude ... ..			14.5
Adjusted ... ..			13.61
Area Comparability Factors—Births ... ..			1.08
Deaths ... ..			0.94

TABLE I

## THE POPULATION OF THE BOROUGH OF HALIFAX

Year	Population	Note
1848	40,000	Borough Incorporated
1861	51,937	
1871	65,510	
1881	63,360	
1891	82,864	
1892	83,364	Borough extended by the additions of Ovenden and Illingworth Wards.
1899	90,934	Borough extended by the addition of Copley Ward.
1900	96,684	Borough extended by the additions of Warley and Northowram Wards.
1901	104,936	
1911	101,566	
1921	100,700	
1931	98,115	
1945	89,390	Mid-year density of population per acre 6·3.
1946	93,280	
1947	94,580	
1948	96,420	
1949	97,820	
1950	98,840	
1951	97,490	Mid-year density of population per acre 6·9.
1952	97,320	ditto
1953	97,070	ditto
1954	97,130	6·88
1955	96,870	
1956	96,440	6·85
1957	95,430	
1958	95,250	
1959	94,980	
1960	94,900	
1961	95,980	90,873 (Census 1961).
1962	96,250	
1963	95,850	
1964	95,450	

TABLE II  
BIRTH RATES, 1955-64

Years	HALIFAX		ENGLAND AND WALES BIRTH RATE
	No. of Births	Birth Rate per 1,000 Population	
1955	1,383	14.3	15.0
1956	1,543	15.6	15.6
1957	1,501	15.7	16.1
1958	1,524	16.0	16.4
1959	1,512	15.9	16.5
1960	1,612	17.0	17.1
1961	1,569	16.3	17.4
1962	1,649	17.1	18.0
1963	1,678	17.5	18.8
1964	1,752	18.35	18.4

TABLE II(a)  
PREMATURE LIVE BIRTHS, 1963-64

Premature Live Births Notified	YEARS	
	1963	1964
(a) Born in Hospital .. .. .	131	132
(i) Died within 24 hours of birth .. .. .	2	13
(ii) Survived 28 days .. .. .	122	111
(b) Born at home and nursed entirely at home ..	28	4
(i) Died within 24 hours of birth .. .. .	2	—
(ii) Survived 28 days .. .. .	25	4
(c) Born at home and transferred to hospital before 28th day .. .. .	2	1
(i) Died within 24 hours of birth .. .. .	—	1
(ii) Survived 28 days .. .. .	1	—
(d) Born in Nursing Home and nursed entirely there	—	—
(i) Died within 24 hours .. .. .	—	—
(ii) Survived 28 days .. .. .	—	—

TABLE II(b)  
PREMATURE STILLBIRTHS, 1963-64

Premature Stillbirths Notified	YEARS	
	1963	1964
(a) Born in Hospital .. .. .	11	12
(b) Born at Home .. .. .	—	—



TABLE III  
STILLBIRTHS AND PERINATAL MORTALITY

Year	Total Number of Stillbirths	Deaths in the First Week	Total Perinatal Deaths
1955	28	17	45
1956	34	14	48
1957	33	16	49
1958	24	29	53
1959	29	20	49
1960	33	26	59
1961	32	26	58
1962	37	19	56
1963	31	15	46
1964	20	34	54

TABLE IV  
STILLBIRTHS AND PERINATAL MORTALITY

Year	No. of Stillbirths Registered during the year per 1,000 live and Stillbirths		Number of stillbirths along with the number of deaths of children under the age of one week per 1,000 live and Stillbirths registered during the same year	
	Stillbirth Rate		Perinatal Mortality Rate	
	Halifax	England & Wales	Halifax	England & Wales
1955	19.84	23.2	31.89	37.6
1956	21.56	22.9	30.44	36.8
1957	21.51	22.5	31.94	36.2
1958	15.50	21.6	34.24	35.1
1959	18.82	21.0	31.80	34.2
1960	20.06	19.3	35.87	32.9
1961	19.99	19.1	36.23	32.2
1962	21.95	18.1	33.21	30.8
1963	18.14	17.3	26.92	29.3
1964	11.2	16.3	29.9	28.2

TABLE V  
INFANT MORTALITY RATES, 1955-64

Year	Births	HALIFAX		ENGLAND AND WALES RATE
		Deaths of Infants under one year	Infant Mortality Rate per 1,000 live births	
1955	1,383	30	21.7	24.9
1956	1,543	37	24.0	23.7
1957	1,501	28	18.6	23.1
1958	1,524	42	27.6	22.6
1959	1,512	35	23.2	22.0
1960	1,612	52	32.3	21.7
1961	1,569	51	32.5	21.6
1962	1,649	33	20.0	21.4
1963	1,678	49	29.2	20.9
1964	1,752	58	33.1	20.0

TABLES VI and VII

NEO-NATAL AND POST NEO-NATAL MORTALITY

1955-64

Years	Total Infant Deaths	NUMBER OF DEATHS AND MORTALITY RATE					
		Neo-Natal Period			Post Neo-Natal Period		
		HALIFAX		ENGLAND & WALES	HALIFAX		ENGLAND & WALES
		Number of Deaths	Mortality Rate per 1,000 Live Births	Mortality Rate per 1,000 Live Births	Number of Deaths	Mortality Rate per 1,000 Live Births	Mortality Rate per 1,000 Live Births
1955	30	20	14.06	17.3	10	7.23	7.6
1956	37	23	14.91	16.8	14	9.07	7.0
1957	28	20	13.32	16.5	8	5.33	6.5
1958	42	31	19.70	16.2	11	7.2	6.4
1959	35	21	13.90	15.8	14	9.3	6.2
1960	52	32	19.85	15.6	20	12.4	6.3
1961	51	32	20.39	15.5	19	12.1	6.2
1962	33	23	13.95	15.1	10	6.7	6.3
1963	49	22	13.11	14.2	27	16.1	6.7
1964	58	34	19.40	13.8	24	13.0	6.2

TABLE VIII

INFANT MORTALITY

Principal Causes	No.	Percentage of Total Deaths	
		1963	1964
Prematurity .. .. .	26	24.5	45.0
Pneumonia .. .. .	20	45.0	34.4
Congenital Malformations .. .. .	6	12.2	10.3
Other Conditions .. .. .	6	18.3	10.3

TABLE IX  
INFANT MORTALITY DURING THE YEAR

Deaths from Stated Causes at Various Ages under 1 Year of Age											
CAUSE OF DEATH	AGE GROUPS										
	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	1 Month and under 3 months	3-6 months	6-9 months	9-12 months	Total Deaths under 1 year	Deaths in Institutions
Prematurity .. ..	26	—	—	—	26	—	—	—	—	26	26
Pneumonia .. ..	—	—	—	—	—	11	8	—	1	20	9
Cong. Malformations ..	4	—	—	—	4	2	—	—	—	6	6
Hydrops Foetalis ..	1	—	—	—	1	—	—	—	—	1	1
Enteritis .. ..	1	—	—	—	1	1	—	—	—	2	2
Accident .. ..	—	—	—	—	—	—	1	—	—	1	—
Asphyxia .. ..	2	—	—	—	2	—	—	—	—	2	2
TOTAL .. ..	34	—	—	—	34	14	9	—	1	58	46

TABLE X      TABLE SHOWING CAUSES OF AND AGES OF DEATH

CAUSE OF DEATH	Total Deaths	AGE GROUPS							
		Under 1	1-4 years	5-14 years	15-24 years	25-44 years	45-64 years	65-74 years	75 and over
Tuberculosis, Respiratory	6	—	—	—	—	—	2	3	1
Other	2	—	—	—	1	—	—	—	1
Syphilitic Disease	1	—	—	—	—	—	—	—	1
Diphtheria	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—
Meningococcal Infection	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Disease	1	—	—	—	—	—	—	—	—
Malignant Neoplasm, Stomach	35	—	—	—	—	1	9	10	15
Lung and Bronchus	51	—	—	—	—	—	26	15	10
Breast	23	—	—	—	—	2	7	8	6
Uterus	11	—	—	—	—	—	4	4	3
Others	97	—	1	1	—	2	30	23	40
Leukaemia and Aleukaemia	9	—	1	1	—	1	2	4	—
Diabetes	13	—	—	—	—	1	3	4	5
Vascular Lesions of Nervous System	201	—	—	—	—	3	38	42	118
Coronary Disease, Angina	394	—	—	—	—	9	122	106	157
Hypertension with Heart Disease	10	—	—	—	—	—	2	3	5
Other Heart Disease	118	—	1	—	—	3	18	27	69
Other Circulatory Disease	59	—	—	—	—	1	6	11	41
Influenza	—	—	—	—	—	—	—	—	—
Pneumonia	89	20	1	—	—	2	11	12	43
Bronchitis	62	—	—	—	—	—	15	21	26
Other Diseases of Respiratory System	8	—	1	1	—	—	4	2	—
Ulcer of the Stomach and Duodenum	9	—	—	—	—	—	3	4	—
Gastritis, Enteritis and Diarrhoea	8	2	—	—	—	—	4	—	—
Nephritis and Nephrosis	10	—	—	—	—	2	1	1	6
Hyperplasia of Prostrate	10	—	—	—	—	—	—	3	7
Pregnancy, Childbirth and Abortion	—	—	—	—	—	—	—	—	—
Congenital Malformations	8	6	—	1	—	—	—	—	—
Other Defined and Ill-defined Diseases	95	29	—	3	1	2	19	14	1
Motor Vehicle Accidents	23	—	—	1	3	6	4	2	27
All Other Accidents	16	1	2	—	—	—	3	2	7
Suicide	10	—	—	—	—	2	4	2	8
Homicide and Operations of War	—	—	—	—	—	—	—	—	2



TABLE XI  
DEATH RATES, 1955-64

Year	HALIFAX		ENGLAND and WALES
	Number of Deaths	Death Rate per 1,000 Population	
1955	1,522	15.7	11.7
1956	1,495	15.5	11.7
1957	1,482	15.5	11.5
1958	1,422	14.9	11.7
1959	1,400	14.7	11.6
1960	1,371	14.4	11.5
1961	1,534	16.0	12.0
1962	1,422	14.8	11.9
1963	1,587	16.6	12.2
1964	1,379	14.4	11.3

TABLE XII  
CANCER DEATHS, 1955-64

Years	Number of Cancer Deaths	Males	Females	Death Rate Per 1,000 Population	Deaths from all Causes	Per- centage of total Deaths
1955	253	114	139	2.61	1,522	16.68
1956	214	118	96	2.22	1,495	14.31
1957	252	118	134	2.60	1,482	17.01
1958	236	115	121	2.48	1,422	16.60
1959	234	120	114	2.46	1,400	16.71
1960	209	103	106	2.20	1,371	15.24
1961	252	127	125	2.63	1,534	16.43
1962	235	112	123	2.44	1,422	16.53
1963	256	140	116	2.67	1,587	16.13
1964	217	107	110	2.27	1,379	15.73

TABLE XIII  
CANCER DEATHS—PARTS OF BODY AFFECTED

Parts Affected	Age	Under 25		25-44		45-64		65-74		75 & Over		Totals		Totals	
	Sex											1963		1964	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Stomach ..	—	—	—	1	—	7	2	5	5	4	11	19	19	17	18
Lung and Bronchus ..	—	—	—	—	—	22	4	14	1	7	3	53	8	43	8
Breast ..	—	—	—	—	2	—	7	1	7	—	6	2	19	1	22
Uterus ..	—	—	—	—	—	—	4	—	4	—	3	—	11	—	11
Other ..	—	—	2	2	—	16	14	10	13	18	22	66	59	46	51
TOTALS ..	—	—	2	3	2	45	31	30	30	29	45	140	116	107	110

TABLE XIV CORONARY DISEASE, ANGINA

Years	Number of Coronary Deaths	M.	F.	Death Rate per 1,000 Population	Deaths from All Causes	Percentage of Total Deaths
1955	264	164	100	2.73	1,522	17.35
1956	250	137	113	2.59	1,495	16.72
1957	260	153	107	2.72	1,482	17.54
1958	313	184	129	3.29	1,422	22.01
1959	321	178	143	3.38	1,400	22.93
1960	331	185	146	3.49	1,371	24.14
1961	403	242	161	4.20	1,534	26.27
1962	351	179	172	3.65	1,422	24.68
1963	340	204	186	4.07	1,587	24.57
1964	394	218	176	3.73	1,379	21.32

TABLE XV OTHER HEARTS DISEASES

Years	Number of Deaths	M.	F.	Death Rate per 1,000 Population	Deaths from All Causes	Percentage of Total Deaths
1955	256	93	163	2.64	1,522	16.82
1956	269	117	152	2.79	1,495	17.99
1957	249	76	173	2.61	1,482	16.80
1958	221	83	138	2.32	1,422	15.54
1959	191	78	113	2.01	1,400	13.64
1960	185	77	108	1.95	1,371	13.49
1961	164	61	103	1.71	1,534	10.69
1962	169	67	102	1.76	1,422	11.88
1963	136	38	98	1.42	1,587	8.57
1964	128	42	86	1.34	1,379	10.79

TABLE XVI VASCULAR LESIONS OF NERVOUS SYSTEM

Years	Number of Deaths	M.	F.	Death Rate per 1,000 Population	Deaths from All Causes	Percentage of Total Deaths
1955	282	99	183	2.91	1,522	18.53
1956	316	124	192	3.28	1,495	21.14
1957	254	102	152	2.62	1,482	17.14
1958	238	75	163	2.50	1,422	16.74
1959	207	91	116	2.18	1,400	14.78
1960	218	84	134	2.30	1,371	15.90
1961	231	90	141	2.41	1,534	15.06
1962	211	76	135	2.19	1,422	14.87
1963	241	80	161	2.51	1,587	15.18
1964	201	67	134	2.15	1,379	14.50

TABLE XVII DEATHS FROM PRINCIPAL CAUSES IN AGE GROUP

CAUSE	Age Sex	Under 25		25-44		45-64		65-74		75 and over		Totals 1963		Totals 1964	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Coronary ..	—	—	—	9	—	92	30	58	48	59	98	204	186	218	172
Other Heart Diseases ..	—	1	—	1	2	9	11	14	16	17	57	38	98	42	8
Cerebral Haemorrhage	—	—	—	1	2	16	22	15	27	35	83	80	161	67	13
Cancer ..	—	—	2	3	2	45	31	30	30	29	45	140	116	107	11
TOTALS ..	—	1	2	14	6	162	94	117	121	140	283	462	561	434	50

TABLE XVIII

	Year	Birthrate per 1,000 Total Popula- tion	Annual Deathrate per 1,000 Population						Rate per 1,000 Births	
			ALL CAUSES	Typhoid and Para-Typhoid	Small-Pox	Whooping Cough	Diphtheria	Influenza	Diarrhoea and Enteritis (under 2 years)	DEATH: Under 1 year
England and Wales	1964	18.4	11.3	*	*	*	*	*	*	20.0
HALIFAX	1954	14.60	15.00	0.00	0.00	0.00	0.00	0.02	0.7	33.05
	1955	14.29	15.73	0.00	0.00	0.00	0.00	0.03	0.7	21.69
	1956	15.99	15.50	0.00	0.00	0.00	0.00	0.01	1.3	23.98
	1957	15.73	15.53	0.00	0.00	0.00	0.00	0.06	0.0	18.65
	1958	16.00	14.93	0.00	0.00	0.00	0.00	0.02	0.0	27.56
	1959	15.92	14.74	0.00	0.00	0.00	0.00	0.25	0.0	23.15
	1960	16.99	14.45	0.00	0.00	0.00	0.00	0.01	1.2	32.36
	1961	16.35	15.98	0.00	0.00	0.00	0.00	0.22	1.3	32.50
	1962	17.13	14.77	0.00	0.00	0.00	0.00	0.01	0.6	20.01
	1963	17.51	16.55	0.00	0.00	0.00	0.00	0.06	0.6	29.20
	1964	18.35	14.40	0.00	0.00	0.00	0.00	0.00	1.1	33.10



TABLE XIX

## Vital and Mortality Statistics for Halifax during the last 21 years

Year	Death Rate	Infant Mortality Rate	Maternal Mortality Rate	Tuberculosis (all forms)		Diphtheria		Scarlet Fever		Typhoid and Para-typhoid		Cerebro Spinal Fever		Poliomyelitis	
				New Cases	Deaths	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths
1944	14.5	38	2.3	156	54	118	4	481	nil	nil	nil	nil	nil	nil	nil
1945	16.1	42	2.0	110	53	92	5	173	nil	nil	nil	nil	nil	nil	nil
1946	14.4	31	1.1	69	41	17	nil	74	nil	73	nil	nil	nil	1	nil
1947	14.8	42	0.52	87	44	21	2	84	nil	2	nil	nil	nil	6	nil
1948	13.8	29	0.58	61	32	9	nil	161	nil	*1	1	2	nil	1	nil
1949	15.4	33	0.50	77	32	8	nil	222	nil	nil	nil	1	1	7	1
1950	14.8	39	1.23	85	29	1	nil	293	nil	3	nil	nil	3	3	nil
1951	15.2	28	0.00	179	30	nil	nil	123	nil	15	nil	nil	nil	10	nil
1952	14.1	27	0.69	107	19	nil	nil	191	nil	2	nil	nil	nil	2	nil
1953	15.2	30	0.00	122	22	nil	nil	88	nil	3	nil	1	nil	3	nil
1954	15.0	33.05	1.38	121	19	nil	nil	90	nil	nil	nil	nil	nil	2	nil
1955	15.7	21.69	0.70	105	16	nil	nil	215	nil	1	nil	nil	nil	4	nil
1956	15.5	23.98	0.63	82	13	nil	nil	150	nil	2	nil	nil	nil	3	nil
1957	15.5	18.65	0.65	82	14	nil	nil	32	nil	4	nil	nil	nil	2	nil
1958	14.9	27.56	0.65	56	12	nil	nil	52	nil	nil	nil	nil	nil	33	2
1959	14.7	23.15	0.00	45	6	nil	nil	123	nil	nil	nil	nil	nil	nil	nil
1960	14.4	32.26	0.61	48	12	nil	nil	32	nil	1	nil	nil	nil	nil	nil
1961	16.0	32.50	0.00	48	13	nil	nil	8	nil	1	nil	nil	nil	3	nil
1962	14.8	20.01	0.00	80	8	nil	nil	7	nil	nil	nil	nil	nil	nil	nil
1963	16.6	29.20	0.00	63	6	2	nil	15	nil	nil	nil	nil	nil	nil	nil
1964	14.4	33.10	0.00	59	8	nil	nil	12	nil	nil	nil	nil	nil	nil	nil

\* Transferred



TABLE XX

Vital and Mortality Statistics for Halifax during the last 21 years (continued)

Year	Pneumonia		Whooping Cough		Smallpox		Cancer Deaths	Heart Diseases Deaths	Cerebral Haemorrhage Deaths
	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths			
1944	124	38	201	3	nil	nil	177	366	199
1945	103	43	133	2	nil	nil	219	398	237
1946	69	35	153	2	nil	nil	206	464	182
1947	67	37	237	1	nil	nil	214	455	188
1948	62	39	295	1	nil	nil	206	415	213
1949	85	71	92	1	nil	nil	241	471	203
1950	59	43	374	1	nil	nil	239	505	208
1951	73	49	145	nil	nil	nil	211	468	231
1952	41	30	153	nil	nil	nil	230	454	238
1953	54	65	154	nil	4	nil	261	451	239
1954	23	46	72	nil	nil	nil	244	499	238
1955	80	38	111	nil	nil	nil	253	520	282
1956	71	56	152	nil	nil	nil	214	519	316
1957	34	67	70	nil	nil	nil	252	509	254
1958	36	61	37	nil	nil	nil	236	534	238
1959	23	80	47	nil	nil	nil	234	512	207
1960	8	73	43	nil	nil	nil	209	516	217
1961	15	83	30	nil	nil	nil	252	567	231
1962	13	87	6	nil	nil	nil	235	520	211
1963	11	129	8	nil	nil	nil	256	526	241
1964	6	89	24	nil	nil	nil	217	522	201

TABLE XXI Table showing comparative yearly Vital and Mortality Statistics from 1954 to 1964 inclusive

Year	Birth-Rate	Death-rate	Infant Mortality Rate	Maternal Mortality Rate	Pulmonary Tuberculosis		Venereal Diseases		Pneumonia	
					New Cases	Death-rate	Syphilis	Gonorrhoea	New Cases	Deaths
1954	14.6	15.0	33	1.4	113	.18	21	25	23	46
1955	14.29	15.7	21.69	0.7	94	.15	10	20	80	38
1956	15.99	15.5	23.98	0.63	77	.13	13	26	71	56
1957	15.73	15.5	18.65	0.65	82	.14	11	26	34	67
1958	16.00	14.9	27.56	0.65	52	.12	12	10	36	61
1959	15.92	14.7	23.15	0.00	39	.06	10	18	23	80
1960	16.99	14.4	32.26	0.61	47	.13	10	24	8	73
1961	16.35	16.0	32.50	0.00	46	.12	11	39	15	83
1962	17.13	14.8	20.01	0.00	70	.06	8	30	13	87
1963	17.51	16.6	29.20	0.00	58	.06	2	60	11	129
1964	18.35	14.4	33.10	0.00	59	.06	12	92	6	89

Year	Deaths from Heart Disease	Deaths from Cancer	Deaths from Cerebral Haemorrhage	Deaths from Diabetes	Diphtheria		Scarlet Fever	
					New Cases	Deaths	New Cases	Deaths
1954	499	244	238	13	nil	nil	90	nil
1955	520	253	282	18	nil	nil	215	nil
1956	519	214	316	10	nil	nil	150	nil
1957	509	252	254	14	nil	nil	32	nil
1958	534	236	238	6	nil	nil	52	nil
1959	512	234	207	12	nil	nil	123	nil
1960	516	209	218	12	nil	nil	32	nil
1961	567	252	231	12	nil	nil	8	nil
1962	520	235	211	13	nil	nil	7	nil
1963	526	256	241	7	2	nil	15	nil
1964	522	217	201	13	nil	nil	12	nil

## SECTION II.

### SICKNESS AND DISABILITY

This section deals with the work of all the visitors to the home with the exception of Health Visitors which is reported in Section III and of Public Health Inspectors reported in Sections V and VI. The volume of material dealt with has increased considerably over the past two years and an attempt has been made to make the report as brief as possible

In the special table under special visits to the home an idea is given of the increasing work of special nurses and mental welfare officers. Last year special mention was given to the effect of immigration and the percentage incidence of tuberculosis, venereal disease and mental disorder is higher in Pakistanis, continental displaced persons and Irish.

### SPECIAL VISITS TO THE HOME

For V.D. visits see page 30	Aged Persons	Tuber- culosis	Diabetes	Mental Disorder		
				Mental Illness	Sub- normal	Child Guidance
1st Visit ..	142	61	62	246	12	135
1963 .. ..	(392)	(66)	—	(248)	(27)	(98)
Follow-up Visits ..	1,710	1,476	88	3,414	780	534
1963 .. ..	(974)	(1,419)	—	(2,081)	(885)	(626)

In addition to reporting the work of the various sections into which this section provides a heading there will be included some detail concerning the diseases which are of public health and epidemiological importance. The work of the Department has in general been maintained but there may have been some falling off in the visitation of chronic bronchitis and non-tubercular infections. This may indicate a weakness since the social implications as regards disability and the need for rehabilitation are very great indeed. Apart from the sickness rate which is swelled by this disease it is associated also with diseases of the cardio-vascular system in addition to coronary thrombosis. The general public are slow to realise that morbidity from these diseases demands the most stringent control of atmospheric and, more important, personal smoke pollution.



## INFECTION.

There were no serious outbreaks of infectious disease during the year. The table which follows sets forth the notification position in 1964.

TABLE XXII

Disease	Number	
	Notified	Confirmed
Anthrax .. .. .	—	—
Smallpox .. .. .	—	—
Dysentery .. .. .	8	8
Food Poisoning .. .. .	3	2
Typhoid Fever and Enteric Fever ..	—	—
Para-Typhoid .. .. .	—	—
Scarlet Fever .. .. .	13	12
Malaria .. .. .	1	1
Diphtheria .. .. .	—	—
Puerperal Pyrexia .. .. .	1	1
Erysipelas .. .. .	—	—
Ophthalmia Neonatorum .. .. .	—	—
Acute Encephalitis .. .. .	—	—
Acute Poliomyelitis .. .. .	—	—
Cerebro-spinal Fever .. .. .	—	—
Measles .. .. .	623	621
Whooping Cough .. .. .	22	24
Pneumonia—Primary .. .. .	6	6
Meningococcal Infection .. .. .	1	1
Tuberculosis—		
Respiratory .. .. .	51	51
Other Forms .. .. .	8	8

During the last quarter of the year the town experienced the first wave of a measles outbreak which assumed epidemic proportions in 1965. These cases were followed up particularly where home conditions were unsatisfactory and admission to hospital was necessary. Some use by a measles vaccine had been reported by adjacent authorities who were using it experimentally and although we must look forward to the use of this as a community method similar to other vaccines, there were no serious cases reported and no deaths occurred.

There were more than one food poisoning outbreaks associated with schools and hospitals and caused by *Salmonella Typhi* Murium and Cl. *Welchii*, the total number of cases was 9. The number of contacts examined 47 and the laboratory work involved included the collection of 150 specimens. Seven cases were treated in hospital.

There were 15 cases of gastro-enteritis with 59 contacts and 94 specimens examined, 11 cases being treated in hospital. These cases were confined to infants and young children mainly and there were no deaths.

Dysentery occurred in 9 cases, 17 contacts being examined, 27 specimens taken and 7 cases treated in hospital. These cases occurred mainly in older persons and there were no deaths.

The Public Health Inspectors section has to be commended not only for their hard work in vigorously following up these cases, but also in a preventive sense related to the food hygiene regulations, their constant attention to training shopkeepers in food hygiene and for conveying in many different ways to the public the health education importance of food safety precautions.

#### VENEREAL DISEASE.

The arrangements under the National Health Service Act for diagnosis and treatment are provided by the Regional Hospital Board. The Health Department however, through Miss Davie our Health Visitor jointly appointed with Dewsbury and West Riding, is still involved with V.D. prevention control case finding and tracing and after care.

A natural increase of syphilis and gonorrhoea during war time was followed by a lull lasting a decade and a half during which there was a remission of incidence. The sixties have seen the resurgence of V.D. however, particularly gonorrhoea associated with more resistant strains of organism. The statistics are tabulated and I am grateful to Dr. Mahta, Venereologist, for details provided quarterly.

Nationally it has been noted that the West Indian has had a higher incidence of V.D. of all types but other nationalities are represented including Pakistanis whose immigration figures in Halifax have been highest. The latter are at an age when virility is dominant and moral sanctions are insufficient to inhibit indiscriminate sexual behaviour, restricted as it is, to relationships with a relatively small number of promiscuous and frequently infected females. In the female, gonorrhoea may give little trouble and she may have no symptoms. There is thus in any industrial town a group of unidentified women who may present barriers to eradication. Only by tracing these women from information received from male patients will their treatment be possible.

The Table which follows shows the higher incidence of venereal disease in other nationalities

	Syphilis			Gonorrhoea		
	M.	F.	Total	M.	F.	Total
British .. ..	5	—	5	21	15	36
Irish .. ..	—	1	1	—	3	3
Pakistani .. ..	1	—	1	43	—	43
Indian .. ..	—	—	—	3	—	3
Italian .. ..	1	2	3	—	—	—
West Indian ..	—	—	—	3	—	3
Polish .. ..	—	—	—	1	—	1
TOTAL ..	7	3	10	71	18	89

There is considerable public interest in the apparent increase in venereal diseases which a study of the statistics sets forth. The increase in this country and in this town may be apparent in females 15-19. Although clinical treatment is important there is greater insight into what is required in our social policy to prevent the disease, the causes of which can be summarised as follows :-

1. Ignorance of the nature and meaning of sex. Abuse of sexual function.
2. Decline in religious faith.
3. Emancipation of women.
4. Lack of discipline in home life and of parental supervision.
5. Failure of fear as a deterrent.
6. Emphasis on sexuality in books, plays and films, television etc.
7. Misinterpretation of psychological teaching.
8. Earlier physical development.

AMBROSE KING.

There now follows a report of the V.D. social work prepared by Miss Davie. From this it would appear that we must intensify health education in relation to sex. The British Medical Association are setting up a Standing Conference of Youth Organisations etc. and including Educationists, Social Workers and Doctors, to investigate the position and to study ways and means of combating it.

#### V.D. SOCIAL WORK FOR THE YEAR ENDING 1964

Details provided by Miss G. E. Davie (W.R.C.C.), Social Worker, on her work in the County Borough:—

Total No. of Defaulters from treatment ...	...	...	38
„ „ of attendances after visit ...	...	...	25



Total No. of revisits to Defaulters	...	...	...	8
„ „ of ineffectual visits	...	...	...	51
„ „ who failed to attend	...	...	...	7
„ „ of Contacts	...	...	...	5
„ „ of visits	...	...	...	9
„ „ of ineffectual visits	...	...	...	3
Attendances at Clinics	...	...	...	—
Miscellaneous visits	...	...	...	61
<hr/>				
A.N.C. patients found negative	...	...	...	10
<hr/>				
Total No. of Clinic attendances for year 1964	...			96
<hr/>				
Total No. of visits for all purposes for year 1964	...			264

The duties of Social Worker at S.T.C. Royal Halifax Infirmary include the attendance at each female clinic, the interviewing and booking in of all new patients and the interview of all patients afterwards at each clinic visit. The assessing and payment of V.D. travelling expenses where necessary. The clerical work of the clinic (including writing to patients defaulting from treatment). The tracing and interviewing of male and female contacts of infection and the contacts of other known patients, e.g., wife, husband, or children.

Visits and enquiries to Ante-Natal Clinics in regard to positive Ante-Natal Wassermanns and help offered to get contacts examined.

Occasional visits to police, probation officer and N.S.P.C.C. The booking of ambulances when necessary and other work on instruction from Clinic Medical Officers.

#### V.D. Cases

Year					Male	Female	Total
1955	...	...	...	...	93	46	139
1956	...	...	...	...	142	97	239
1957	...	...	...	...	112	53	165
1958	...	...	...	...	109	66	175
1959	...	...	...	...	183	78	561
1960	...	...	...	...	168	98	266
1961	...	...	...	...	209	119	328
1962	...	...	...	...	190	107	297
1963	...	...	...	...	257	115	327
1964	...	...	...	...	319	109	428

From this report the venereal disease position, as regards incidence, has worsened and only by a vigorous system of follow-up can infection be kept in check. The following figures refer to local patients attending other Treatment Centres:

Number of persons dealt with for the first time during the year, and found to be suffering from:—

					Local Clinic	Other Clinics
Syphilis	...	...	...	...	12	—
Gonorrhoea	...	...	...	...	89	3
Other Conditions	...	...	...	...	207	10
					<u>308</u>	<u>13</u>

	Syphilis		Gonorrhoea		Other Conditions		TOTALS		
	M.	F.	M.	F.	M.	F.	M.	F.	Tot'l
For individual attention by Medical Officers .. ..	687	517	529	165	1123	662	2339	1344	3683

#### INFECTION. TUBERCULOSIS.

During the year there were added to the register 61 new cases and 7 cases were transferred in from other areas; concurrently 17 cases were transferred from Halifax, 30 were scored off the register as recovered and 8 persons died. The resultant case load of 580 persons receive periodic visits from Tuberculosis Health Visitors.

As recorded in previous years Pakistani immigrants have a higher incidence amounting to 34.4% of notifications. 21 persons in 1964 compared with 17 in 1963 were brought to the notice of the Department. The reservoir of persons infected is maintained at a level, which is slow in declining, only as a result of these cases.

The Ministry of Health has enabled the Department to follow up new arrivals from overseas through information received from the great Ports. Most of these persons are notified from London and skin testing facilities and x-rays of chest are offered. By this means earlier diagnosis may become possible. One such case was discovered to have a strongly positive tuberculin test and an incipient shadow in one lung. Timely treatment has brought about recession of the disease process. We feel that a similar type of detection system at the port of embarkation would be more effective. As it is, foreign names not easily understood and extreme mobility from house to house or from town to town render location, not to mention examination, fraught with extreme complexity.

In Halifax a greater number of coloured immigrants are

without wives or families. So far as tuberculosis this may appear to have a salutary influence but in fact it means that they often deny themselves the nutrition and comfort to build up resistance. Their wives and families at home require sustenance and coupled with indifferent housing in multi-occupation, these conditions may predispose to the onset of Respiratory Tuberculosis.

Many Halifax firms co-operate with the Department in tracing and arranging examinations for tuberculosis. Protective B.C.G. may be given to those who are susceptible. It is a source of disappointment to learn that young people who should have been protected at school by B.C.G., develop the disease on reaching adulthood — this seems to apply to girls mainly in the proportion of 4 females to 5 males.

The notified cases included 52 of pulmonary origin, 8 of whom had a positive sputum. Contacts are followed up, skin tested and, if necessary, x-rayed. By this means treatment or B.C.G. can be arranged through the Chest Clinic. In all, B.C.G. was administered to 149 contacts during the year:—

	Numbers		
Admission to sanatoria ... ..	...	...	76
Discharged from sanatoria ... ..	...	...	85
Application for rehousing ... ..	...	...	7
Recipients of free milk ... ..	...	...	18

Milk consumed amounted to 631 gallons.

#### REHABILITATION OF TUBERCULOUS PERSONS.

The average stay in hospital is 11 weeks with a further period of 12 weeks convalescence. Chemotherapy continues all the time. So far as new cases whose response is adequate with resolution of the disease, this is good. They return to work and are reabsorbed into the community. The hard core of chronic cases in Halifax may be unfortunate in finding suitable outlets for their enforced unemployment. Not only may they have the stigma of infectiousness but the discomfort of cough, breathlessness and the unjust penalty of social ostracisation. Voluntary effort in Halifax, so prominent in other fields, may have notably bypassed those who may often require intensive after-care.

Routine visitation to tuberculous households has increased during 1964 and the domiciliary nurse may be looked on as a guide, philosopher and friend. In spite of a higher number of cases resulting from immigration the disease is now a diminishing entity. With social adjustment for the chronic cases not without imperfections this state of affairs must be considered with relief and some satisfaction.

In spite of dichotomy the Health Department visitor is well received by his hospital colleagues.

This year there were 61 notifications and 8 deaths from Tuberculosis. This is in contrast to 1963 when there were 63 notifications and 6 deaths.



The scheme for B.C.G. Vaccination of 13 year old school children, entered its third successful year. Of the total number in the 13 year age group (1473), there were 946 acceptances=64.6%. Reactors were found to be free from tubercular disease. B.C.G. is an avirulent strain of living Tubercle Bacilli, which, when injected in suitable concentration has the power of producing reaction and resistance against the invasion of virulent organisms. If the rapid decline of all forms of tuberculosis, as in the last decade, continues, by 1970 there will be no longer a need to use the vaccine.

Chest Clinics are held at the Royal Halifax Infirmary—

Monday	...	...	9.30 a.m.	—	11.45 a.m.
Tuesday	...	...	9.00 a.m.	—	11.40 a.m.
Wednesday	...	...	9.00 a.m.	—	11.40 a.m.
			1.30 p.m.	—	3.00 p.m.
Thursday	...	...	9.00 a.m.	—	11.40 a.m.
Friday (Contact Clinic)			1.00 p.m.	—	2.30 p.m.

Approximate number of attendances made by County Borough patients at the local chest clinics during the year—959.

Age Group	1963		1964								All Cases Total				1964 Total
	Total new cases		Non-Pakistan				Pakistan								
			R		NR		R		NR						
	R	NR	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
0-4 ..	2	—	—	—	—	—	1	—	—	—	1	—	—	—	1
5-9 ..	1	—	1	—	—	—	—	—	—	—	1	—	—	—	1
10-14 ..	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
15-19 ..	5	1	—	3	—	1	—	—	—	—	—	3	—	1	4
20-24 ..	5	2	1	1	—	—	2	—	2	—	3	1	2	—	6
25-29 ..	7	1	2	—	—	—	3	1	—	—	5	1	—	—	6
30-34 ..	4	—	1	2	—	—	4	1	1	—	5	3	1	—	9
35-39 ..	4	—	2	—	—	—	2	—	—	—	4	—	—	—	4
40-44 ..	9	—	—	1	1	—	1	—	—	—	1	1	1	—	3
45-49 ..	6	—	4	1	1	—	—	—	1	—	4	1	2	—	7
50-54 ..	4	—	3	1	—	—	2	—	—	—	5	1	—	—	6
55-59 ..	5	—	4	1	1	—	—	—	—	—	4	1	1	—	6
60-64 ..	4	—	3	—	—	—	—	—	—	—	3	—	—	—	3
65 & over	2	—	3	1	1	—	—	—	—	—	3	1	1	—	5
Totals	58	5	24	11	4	1	15	2	4	—	39	13	8	1	61



### Summary 1964

New Cases resp: excluding Pakistanis	Male	24
	Female	11
Pakistanis	Male	15
	Female	2
Total Respiratory		52
Non Respiratory		
Cervical Lymph Adenitis (Pakistani Male) ...		1
Hylar Glans	"	3
Intestinal	Non Pakistani Male	1
Lupus	" " "	1
Larynx	" " "	1
Abscess Chest Wall	" " "	1
Kidney	" " Female	1
		9

Total notified cases 61  
 1 Respiratory was also TB Spine.

TABLE II

#### PAKISTANI NEW CASES

Year	Resp.	Non Resp.	Total	TOTAL PAKISTANI CASES on books
1961	5		5	6
1962	16	3	19	23
1963	17	1	18	53
1964	17	4	21	60

TABLE III

#### HEAF TESTS 1964

Domicilliary	Negative	...	...	81
	Positive	...	...	14
				—
	Total	...	...	95
Dry Spinners	Negative	...	...	6
	Positive	...	...	27 = 81%
				—
	Total	...	...	33

#### POSITIVE CASES DRY SPINNERS

8 were 4° +  
 9 were 3° +  
 10 between 1° & 2° +

#### CHEST CLINIC

Negative	36
Positive	105
<hr/>	
Total	141

## TOTAL HEAFS

Negative	123
Positive	146 = 54%

---

Total 269

B.C.G. Vaccination:— 149  
(including New born infants).

### TABLE IV

#### POSITIVE SPUTUM

New Cases	8 = 12.9% of new cases
Old Cases	19

---

Total 34

#### XRAYS

Xray Appts. Contacts	283
Failed to attend	63 = 22.2%

---

Total 346

### TABLE V

#### ADMISSIONS TO SANITORIA

Northowram	...	...	...	...	74
Grassington	...	...	...	...	2
					<hr/>
Total admitted	...	...	...	...	76

#### DISCHARGES

Disciplinary Discharge	...	...	...	1
Took own Discharge	...	...	...	8
Discharges Normal	...	...	...	76
				<hr/>
Total Discharged	...	...	...	85
Average stay in Sanitorium 11 weeks.				

## MASS RADIOGRAPHY

Report on Mass Radiography Survey held in Halifax  
October-November, 1964

#### EXAMINATIONS CARRIED OUT

	Males	Females	Total
Number of Miniature X-rays taken	2,724	2,326	5,050
Number of large films taken ...	34	23	57

ANALYSIS OF PROVISIONAL FINDINGS

		Males	Females	Total
Cases of Active Tuberculosis	...	8	4	12
Cases of Inactive Tuberculosis	...	3	5	8
Other Abnormalities	... ..	19	5	24

AGED PERSONS

Only a proportion of old persons come to the notice of the Health Department but each year the number visited increases. Registered cases for Care and After Care increased from 332 to 394 in the interval between 1963 and 1964.

The table shows that the greater number who receive our services live alone and that where hospital or welfare home are required there is frequent refusal to be admitted. Often, however, there may be a delay in admitting those who are willing and this is the case mainly in the summer months when relatives go on holiday.

CHIROPODY FOR OLD PERSONS

The Chiropody service is well used and appreciated by the majority. The main complaint appears to be one of not sufficient time given to patients. This of course is understandable due to the demands on this service, which, as it becomes more widely known so it is more widely used.

Out of a total of 394 patients on the books, 64 were in hospitals or various homes—Table III, leaving a total of 330 patients who were visited regularly, and of these, 215 live alone.

In Table IV the ratio between men and women for any age group is given and it will be seen that out of all the cases over 60, there are 3.6 more women than men. These figures of course only concern those visited, but taking the town as a whole, according to the 1961 census the ratio would be 2.6 more women than men. This higher ratio arises from a greater demand on female geriatric beds, due to relatively greater number of female cases. It is interesting to note that in the 60-64 age group the ratio between males and females is relatively high, 1 male to 5.3 females; this may be accounted for by the fact that men are more easily adapted into their childrens' homes and therefore do not require the services of the Special Nurses until they become ill. Females tend to become independent and more attached to their

homes and do not settle with their children when they live together and because of this come to the attention of the Health Department sooner.

It will be seen from Table IV also, that there are 15 old persons in the 90+ age group, of these 4 are able to remain at home whilst the other 11 are in Hospitals or Welfare Homes, 1 being in a private Nursing Home.

FIREGUARDS. There were 6 lent out in 1964 making a total of 27 in use. It has been found that although fire risk is very real amongst old people due to the danger of them falling which is ever present, they are most reluctant to make full use of them and we are constantly reminding them of the need for fireguards. With the modern type of heating to be found in the new home there is not quite the demand for fireguards as previously.

INCONTINENCE. With old people this presents a very real problem of how to keep the patient dry when they may be ambulant or even in bed, and although there are several appliances on the market to deal with this difficulty, unfortunately they are not available on the National Health Service and although the initial outlay is not prohibitive, in many cases the constant claim of 10/- a week or more on the disposables is one that many old age pensioners just cannot afford.

The visitation by the Special Nurses to the aged is very much appreciated and in the case of hospital assessments for the Geriatrician at St. John's Hospital, helps to pave the way, and makes the patient feel less of a stranger at the hospital, having previously met the nurse in her own home. It establishes contact also with the relatives who very often are at their wits end due to the difficulties they encounter.

The Clinic at St. Johns is attended weekly and a friendly working relationship is being established. The help given by all the voluntary and welfare services is much appreciated.

With co-operation and goodwill from all who are interested in the health of the elderly, Halifax in no way lags behind other towns.

TABLE I

Total on Register 1963	...	...	...	...	342
New Cases 1964	...	...	...	...	142
					<hr/> 484
Less Take off—Deceased and Transfer out etc.	...				90
					<hr/> 394

COMPARISON TABLE 1963 - 1964

Deaths 1963	- 108	Transfer out	51
„ 1964	- 79	„ „	11



TABLE II

Could Benefit from Hospital	...	...	...	13
Refusing Hospital Treatment	...	...	...	4
Could Benefit Part III	...	...	...	24
Refusing Part III	...	...	...	4
Require Rehousing due to age and disability	...	...	...	26
Bad Housing Conditions	...	...	...	9
Total Require Housing	...	...	...	35
Live alone	...	...	...	215
Blind Visitor visits	...	...	...	13

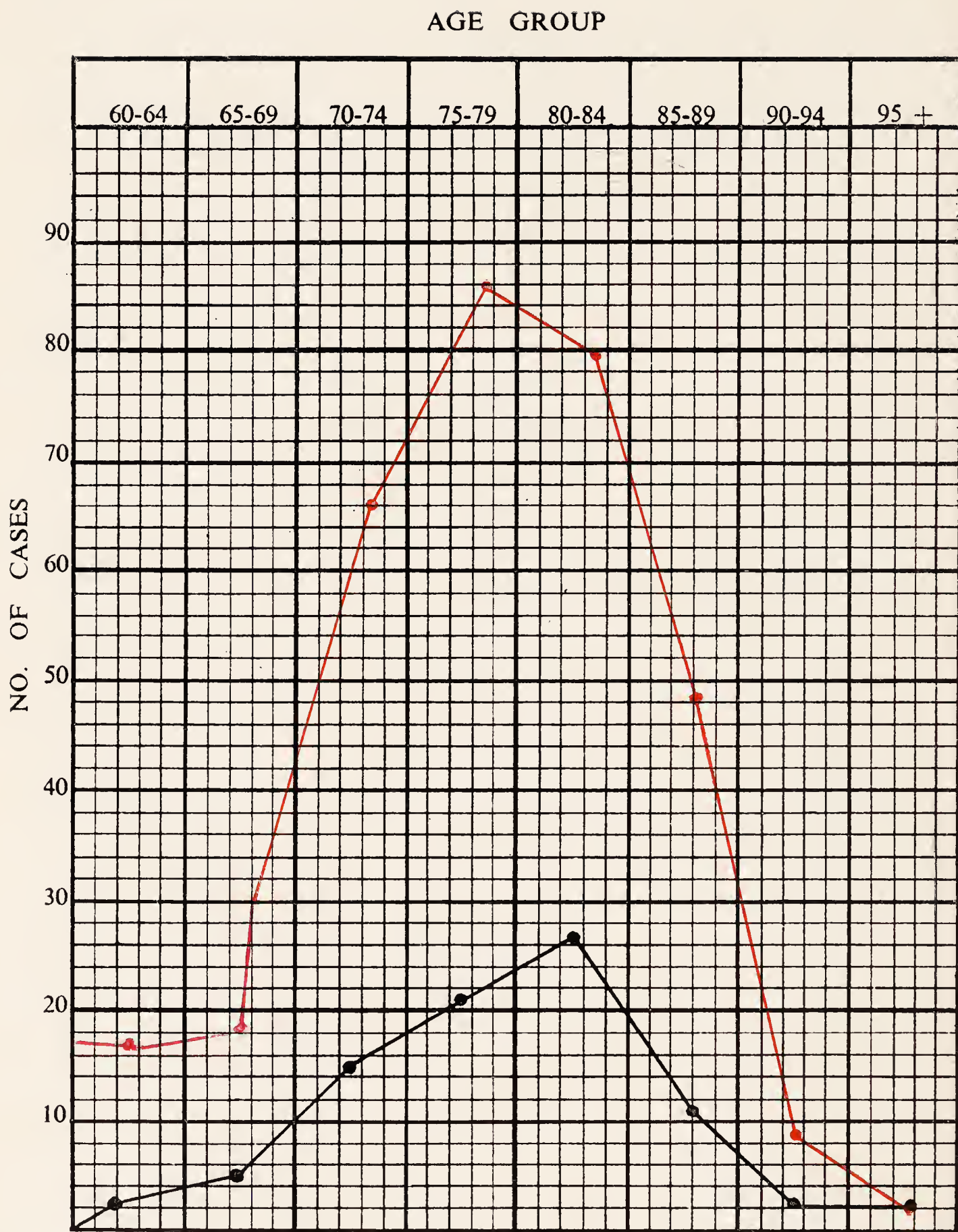
TABLE III  
DISTRIBUTION OF CASES

Geriatric Beds	...	...	...	...	36
Welfare	...	...	...	...	15
Warden Type Homes	...	...	...	...	9
Private Nursing Homes	...	...	...	...	1
Storches Hall	...	...	...	...	1
Acute Hospital	...	...	...	...	2
Home Cases	...	...	...	...	330
Total	...	...	...	...	394
District Nurses visited	...	...	...	...	110
Home Help Service	...	...	...	...	179
Meals on Wheels	...	...	...	...	11

TABLE IV

Age Group	Male	Female	Ratio Men to Women
60 - 64	3	17	1 - 5.3
65 - 69	5	18	1 - 3.6
70 - 74	15	55	1 - 3.6
75 - 79	21	85	1 - 4
80 - 84	26	79	1 - 3
85 - 89	11	48	1 - 4.3
90 - 94	2	9	1 - 4.5
95 & over	2	2	1 - 1
TOTAL	85	313	1 - 3.6

Of all old people on the books there are 3.6 times as many women as men.



Graph shewing numbers of elderly men and women on books end of 1964.

Men

Women **RED**

Ratio men to woman all age groups 1 - 3 - 6.

## HOME ACCIDENTS.

The following tables show the home accidents position in Halifax. There is not very much change from the 1963 statistics.

1964 Month	Age Group—Years						Total
	0-5	6-15	16-25	26-50	51-60	61 & Over	
January	10	—	3	3	5	2	23
February	11	6	—	—	3	6	26
March	7	2	2	4	1	5	21
April	14	2	1	6	1	5	29
May	11	3	1	4	—	2	21
June	8	—	—	3	2	2	15
July	10	2	—	4	2	2	20
August	6	2	—	—	—	2	10
September	4	1	2	2	—	3	12
October	8	1	—	3	—	5	17
November	14	6	2	5	1	2	30
December	3	1	2	6	—	2	14
Totals	106	26	13	40	15	38	238

Injuries	Age Group—Years						Total
	0-5	6-15	16-25	26-50	51-60	61 & Over	
Head	21	2	—	2	3	3	31
Upper Limb	19	6	—	12	4	10	41
Lower Limb	4	2	3	8	4	6	27
Cuts	14	2	3	8	1	3	31
Swallowed	20	1	—	—	—	—	21
Chest	—	—	2	1	—	1	4
Back	—	—	1	1	—	1	3
Burns	17	7	—	1	—	1	26
Scalds	17	2	—	—	3	1	23
Miscellan.	3	3	2	1	2	2	13

There is some difficulty in securing information about home accidents from the Royal Halifax Infirmary, whose co-operation is much appreciated. Mr. Fitton collects the data and by this means a Health Visitor visits the home. A number of accidents occurring in the home are admitted directly by 999 or emergency call. It is only by housing improvement and better home management that the total number of accidents which as already indicated remains stationary can be reduced. The work of Health Visitors is reflected in a diminution of head injuries, burns and scalds.

#### ROAD ACCIDENTS

The number of road accidents reported to the police was 1,719, and 18 deaths were attributed to such accidents.

The following table portrays a comparative setting of the number of fatal accidents over the past ten years:—

Police Report	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
	9	12	12	6	9	10	14	12	22	18
R.C.'s Report (after transfer adjustments)	10	11	13	10	9	15	21	11	15	23

It is interesting to note from a report issued by the Chief Constable that only 11 of the 520 accidents causing injuries were owing to weather conditions, whilst 150 were the result of the heedlessness of pedestrians on the road.

Road Safety activities are keen, and Child Welfare Centres have had visits by police officers during the year for this purpose.

#### SICKNESS CERTIFICATES

The figures shown represent the number of first sickness certificates submitted to the local insurance office by the working population in Halifax:—

TABLE XXVI  
1964

Jan.	7th	...	630	Apr.	7th	...	506
	14th	...	520		14th	...	407
	21st	...	481		21st	...	378
	28th	...	454		28th	...	372
Feb.	6th	...	491	May	5th	...	307
	11th	...	472		12th	...	346
	18th	...	472		19th	...	259
	25th	...	493		26th	...	350
Mar.	3rd	...	518	June	2nd	...	328
	10th	...	483		9th	...	352
	17th	...	488		16th	...	328
	24th	...	508		23rd	...	340
	31st	...	338		30th	...	338



July	7th	...	341	Oct.	6th	...	428
	14th	...	259		13th	...	401
	21st	...	191		20th	...	443
	28th	...	311		27th	...	481
Aug.	4th	...	354	Nov.	3rd	...	452
	11th	...	337		10th	...	468
	18th	...	325		17th	...	427
	25th	...	356		24th	...	488
Sept.	1st	...	348	Dec.	1st	...	448
	8th	...	309		8th	...	423
	15th	...	323		15th	...	390
	22nd	...	358		22nd	...	405
	29th	...	402		29th	...	498
							<hr/> 20,925
			Average Weekly				402

## MENTAL DISORDER

The Mental Health Section of the Department has again been concerned with a substantial development in all aspects. The number of patients brought to notice during the year totalled 717, against 641 during 1963. This clearly indicates the tendency which has been apparent now for a number of years. When one analyses this figure, however, it is found that only 325 were patients referred for the first time, which represents about 45% of the total; the remaining number had been known to the Department at some time in the past. This emphasises the need for more intensive after-care, in order to prevent many of these patients from relapsing.

The true function of the Mental Welfare Officer as a Social Worker cannot be fulfilled when his time is taken up by dealing with admissions to hospitals. There has again been an increase in the number of admissions over the previous year, the Department having been concerned with 298, as against 234 during 1963. The number of compulsory admissions is only slightly more than the year before, 116 against 110. The most marked increase is shown in the number of patients referred on discharge from hospitals and clinics, and with whom some attempt has been made to follow up — 398 (283 in 1963). This has increased the case load of patients receiving after-care to the unprecedented figure of 668. With the number of staff available it is virtually impossible to visit as regularly as is necessary. It is very difficult to determine when a formerly mentally ill person can be considered well enough for visiting to be reduced or ceased. When visiting has become less frequent in order to devote time to deal with new situations it often happens that a relapse takes place, and the whole cycle of treatment has to begin again. Apart from the detriment this is to the patient and the anxiety it causes the relatives, the Mental Welfare Officer finds this situation extremely frustrating and tantamount to a wastage of his time.

In spite of this the number of domiciliary visits made by Mental Welfare Officers has increased over the previous year — 4,558 (3,214 in 1963). To some extent this is due to the fact that two of the Officers were using their own cars under the car allowance scheme. This has been a decided advantage as it allowed the Officers to be more readily available and there has been less wastage of time spent in travelling.

The Therapeutic Social Club continued to serve a very useful purpose in the community. Meetings held each week have varied in content. Discussions, talks, films, socials and dances have all played a part in assisting former patients in their re-socialisation. An additional activity at the Club was the formation of an Art Class under the guidance of Dr. Goddard of Storthes Hall Hospital. The paintings which have been produced by the members have been remarkable and have demonstrated possible hidden talent. It is intended that when sufficient paintings warrant it they are to be put on exhibition to the public. This will be another way in which the public may be informed of the activities and abilities of those who have been afflicted by mental illness. The Club has functioned under the general supervision of Dr. Ropschitz, Consultant Psychiatrist, who has been supported by the Mental Welfare Officers who have attended regularly.

In May, 1964, residents were admitted to the first Hostel to be opened for mentally disordered persons at Theophilus Cottage Hostel. This small unit for six men was planned as an experiment on which future hostel provision will be based. It was decided that it would be folly to embark on an extravagant hostel scheme without first having experience on which to draw. Theophilus Cottage was used for the rehabilitation of men on discharge from psychiatric hospitals recovering from mental illness. Whilst the Hostel has proved the need for this kind of accommodation and has served a useful purpose we have been disappointed in some of the types of residents referred by the hospitals. A good number of them have been of psychopathic make-up—a very difficult group with which to deal, but, nevertheless, a certain amount of success can be claimed. By the end of the year 16 men had been in residence for periods varying from a few weeks to 3 to 4 months. By nature of its purpose it was decided that the period of residence should, as far as possible, be limited to three months during which time it was considered that the rehabilitation programme should be completed. We were fortunate in our choice of Matron, who, together with her husband acting as Assistant Warden, have been instrumental in aiding the residents to cope with life more satisfactorily. It has been made clear by having these men in residence that the problems which beset them on returning to the community are often of such magnitude that it is no wonder they soon find themselves in difficulty. It was possible to investigate and often resolve many of their problems far easier by having them under care and supervision in the Hostel. One of the difficulties which frequently arises with the discharged patient is the ceasing to take



their medication which causes them to relapse after a short time. This, together with the failure to keep subsequent clinic appointments, usually precipitates further hospital treatment being required. Residence in the Hostel eliminates these contingencies arising and by the time they leave the Hostel a regime has been established which is more likely to proceed uneventfully than would be the case if they were discharged elsewhere.

The Hostel, too, has been utilised for the purpose of bringing together a number of ladies living alone, who otherwise would seldom leave their own homes. One afternoon each week these ladies meet at the Hostel for social intercourse and this has done much to improve their outlook on life and relieve their loneliness. The homely atmosphere of the Hostel lends itself admirably for such a purpose and all have expressed appreciation of the benefit they have derived.

A number of former residents have returned to the Hostel from time to time and some have taken advantage of the special concession made for them to take an occasional meal there when circumstances have permitted. This has had the effect of being able to contact a number of them who are difficult to visit when they are out at work during the day.

Co-operation with hospital personnel, both medical and social, has continued satisfactorily throughout the year. The greater movement of patients between the community and the hospital has intensified the need for the closest contact to be maintained. But, in spite of all the goodwill in the world, there are incidents which come to light which, had it been possible to devote more adequate attention to detail, the re-introduction to the community might have been more satisfactory. The pressure of commitments on time and the demands made on available staff both in hospital and the Health Department, makes it impossible to give a completely satisfactory service to patients and relatives.

The Mental Welfare Officers attended regularly at the Out-Patient Clinics at the Halifax General Hospital. They were concerned in the preparation of case histories prior to patients being seen at the Clinic by the Psychiatrists. From time to time the Mental Welfare Officers accompany the Psychiatrists on domiciliary visits requested by the General Practitioners which enables the Department to be kept informed of developments and subsequent action following these visits.

In order to assist the Mental Welfare Officers in the visiting of subnormal persons a Special Nurse attached to the Nursing Staff of the Department was appointed some time ago. This practice continued during 1964, and in total, the number of visits made to subnormal persons during the year was 1691, a slight decrease on the previous year due, firstly to periods between staff changes amongst the Nurses when visiting could not be done, and secondly, because of the inability of the Mental Welfare



Officers to devote adequate time to this type of visiting. There were 170 mentally subnormal persons receiving home visits at the end of the year, an increase of 17 over the previous year. To some extent this increase is due to the discharge of patients from subnormality hospitals. This is now becoming a more regular practice than in the past and our experience has been that insufficient preparation has been made for their discharge into the community. On this point, it is felt that better liaison between hospitals and the Department is required. All too frequently, the patient is already living in the community before the Department is aware of it. There are, of course, geographical difficulties because of the legacy of the past when Halifax patients were admitted to hospitals at a considerable distance from town. It will take many years to overcome this difficulty, but it will gradually run itself out as such patients are now admitted to local hospitals and are in consequence more accessible.

Greater use is now being made of subnormality hospitals for temporary periods of care, but, of course, this can only be done according to the availability of beds which are in short supply. We have been fortunate in our relationships with Dr. Newcombe, Consultant Psychiatrist at Westwood Hospital, Bradford. He has endeavoured to help us in difficult circumstances and sometimes at short notice, when hospital care has been required.

The Furness Park Training Centre continued to fulfil a useful function during the year. The Junior Centre had 28 children on the register at the end of the year, which was a similar number to the previous year. The Senior Centre, however, increased to 33. A review of the training methods employed at the Centre was made during the year when it was decided to adopt the Gunzburg Progress Assessment Charts. These Charts give a clear indication of the progress made by the trainees under four specific aspects of training: viz: communication, socialisation, occupation and self-help.

It was possible to take into the Centre a limited number of Special Care patients, who, because of physical as well as mental handicap, were unable to attend the Centre in the normal way. This had to be limited to two days per week in order not to over-burden the staff with these special problems. The respective parents of these children have expressed appreciation of the facilities afforded them and it is possible that there may be an extension of this in the future development of Centres.

The Senior Centre has been extremely active with outwork provided by local firms. The reports from these firms have been very encouraging and we are assured that the work being done is entirely to their satisfaction. Owing to limited accommodation in the premises it has not been possible to undertake industrial work on a wider basis, but the development of industrial training premises expected in the next year or two should enable a greater expansion to take place in this field.

A very successful Study Day on subnormality was organised in October in conjunction with the local Society of Mentally Handicapped Children. We were privileged to have as guest speakers, Dr. Gunzburg, the man who devised the Charts previously referred to, and Dr. Newcombe, Consultant Psychiatrist. The event attracted many representatives from both local authorities and voluntary organisations. This being the first venture of this kind proved the value of such meetings and is no doubt the forerunner of similar conferences in the future.

We are fortunate in Halifax, in having a close co-operation with voluntary bodies concerned and interested in mental health matters. The Local Association for Mental Health, although small in representation has many ideals worthy of encouragement and the Health Department has observed their development with interest. This Association arranged meetings during the year which were of great value. The efforts have been directed towards the enlightenment of the public in mental health affairs. The Society for Mentally Handicapped Children has done a considerable amount of work in the field of subnormality which has united many of the parents of mentally handicapped persons in their efforts to improve the facilities for them. A Social Club is held twice each month which is organised by the parents and the benefit derived from this leaves no doubt in the mind of its value.

The Samaritan Service operates quite effectively in town and the Department is represented on its administrative committee. In attending to the needs of those in despair and in danger of committing suicide the Samaritan Service is able to solicit the help of experienced social workers in mental health matters if there appears to be signs of a mental disorder.

Other voluntary organisations in town, too many to enumerate individually rendered invaluable service to the Department in dealing with problems of mental disorder and, to them all, I express great appreciation.

The affairs of the Mental Health Section are dealt with by the Mental Health and Care Sub-Committee which has met regularly throughout the year.

The closest co-operation with General Practitioners has been our good fortune during the year and to them, I wish to express my thanks.

Approved Medical Practitioners under the Mental Health Act, 1959, s.28 (2):

John G. Cairns, M.B., Ch.B., D.P.H.

Michael A. Hill, M.B., Ch.B., D.P.H.

Willis Henry Craven, B.Sc., M.B., Ch.B., D.T.M.

Reginald K. Hyland, M.B., B.S.

David K. Bruce, M.B., Ch.B., D.P.M.

David H. Ropschitz, M.D., D.P.M.

David W. T. Harris, M.R.C.S., L.R.C.P., D.P.M., D.P.H.



STAFF as at 31st December, 1964:—

Medical Officer of Health

John G. Cairns, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health

Michael A. Hill, M.B., Ch.B., D.P.H.

Senior Mental Welfare Officer

Leonard Holdsworth

Mental Welfare Officers

Robert Mudd

Peter L. Nickerson

Social Worker

Mrs. C. Berry

Welfare Assistants

Mrs. P. C. Tansley

Mrs. K. Shuttleworth

Auxiliary Staff

Mr. H. Hudson

**Summary of work undertaken by the Mental Welfare Officers  
during the year under the Mental Health Act, 1959**

1.	Number of patients referred to the Mental Health Service by :-	
(a)	General Practitioners	113
(b)	Relatives	98
(c)	Hospitals	327
(d)	Psychiatric Clinics	71
(e)	Local Education Authority	11
(f)	Police	40
(g)	Other sources	57
		<hr/> 717
2.	Of the patients referred (as para. 1) number :-	
(a)	Admitted to hospital under :-	
(i)	Mental Health Act, 1959, s.5 (Informal)	182
(ii)	Mental Health Act, 1959, s.25 (Observation)	31
(iii)	Mental Health Act, 1959, s.26 (Treatment)	7
(iv)	Mental Health Act, 1959, s.29 (Emergency)	78
		<hr/> 298
(b)	Referred to General Practitioners & Psychiatric Clinic	99
(c)	Referred for Domiciliary Visiting	284
(d)	Referred for Guardianship	—
(e)	Referred to other Social Agencies	5
(f)	Other means	31
(g)	Admitted to Training Centres (included in (c) above)	7
3.	Number of Domiciliary Visits :-	
(a)	Mental Illness	3,659
(b)	Mental Subnormality	899
		<hr/> 4,558



4.	Number of sessions attended at Psychiatric Clinics ...	198
5.	Number of patients under the care of the Local Health Authority on 31st December, 1964:-	
	(a) Number receiving domiciliary visits:-	
	(i) Mentally ill ... ..	464
	(ii) Severely Subnormal ... ..	32
	(iii) Subnormal ... ..	138
	(iv) Psychopathic ... ..	34
		<hr/> 668 <hr/>
	(b) Number receiving training:-	
	Males under 16 ... ..	14
	Females under 16 ... ..	14
	Males 16 years and over ... ..	16
	Females 16 years and over ... ..	17
		<hr/> 61 <hr/>
	(c) Number on waiting list for admission to hospital:	
	Severely subnormal:-	
	Females under 16 ... ..	3
	(d) Number in residence at Hostel ... ..	5

#### MENTAL DISORDER—CONFERENCE ON SUBNORMALITY.

A red letter day for the Mental Health Section took place at the Town Hall on October 17th when a conference on mental subnormality was opened by His Worship the Mayor. This effort was arranged in conjunction with the Halifax, Brighouse and District Society for Mentally Handicapped Children and the Deputy Medical Officer of Health outlined the essential features of this handicap at the morning session.

Among the speakers was Dr. J. Newcombe, D.P.M., Consultant in Mental Subnormality, who discussed the place of medical care. Dr. Newcombe felt hopeful that the same progress would be made in subnormality has had been made in tuberculosis in the past 20 years. Comparatively recently it was being said that only nursing care could be offered to tuberculous patients — words sometimes used even today about subnormality.

In the afternoon, Dr. H. C. Gunzburg, Consultant Psychologist, of Birmingham and an outstanding authority on the training of subnormals, addressed the meeting. Earlier in the year, we had adopted Dr. Gunzburg's Progress Assessment Charts at Furness Park Training Centre, and were particularly interested to hear Dr. Gunzburg in person. This speaker stressed that continued formal training, up to early adult life, produced good results in many subnormal people, and attempts to improve social training should be energetically maintained.

The conference was well attended by parents of handicapped

children, by interested members of the public and by many workers in the field, including many doctors from neighbouring areas. It encouraged our ideas for further ventures of this kind.

## MENTAL DISORDER. THEOPHILUS COTTAGE HOSTEL.

### THE FIRST SIX MONTHS.

The Hostel, Halifax's first venture in providing accommodation for the rehabilitation of the mentally ill, opened on the 15th May, 1964.

By the end of 1964, fifteen people had stayed in the Hostel, for periods varying from five days to six months. Brief histories of these men, and how they fared at the Hostel and afterwards, are given.

The Hostel, which is in a house undistinguishable from those around it, can take six men. A Matron, experienced in mental nursing, supervises the Hostel, and she and her husband live there. The house is well furnished and an attempt is made to provide a homely environment for men during the period when they are re-settling into work after being in a mental hospital. This time is one of special stress, and for men without a family home to go to, there is often a need of more care than most lodgings would provide.

Quick re-admissions to mental hospitals are unfortunately common in the present day. There is a need for trial of any service which can help to prevent this. A number of the men who stayed at the Hostel had long periods of illness and unemployment. The majority of these, when living at Theophilus Cottage, were able to work longer than they had done for years, and in several cases the benefit has lasted up to the time of writing, that is for some months after leaving the Hostel.

One noteworthy point has been that improvement in social rehabilitation has continued in some cases right up to the time of leaving. One big advantage of the scheme is that it enables Mental Welfare Officers to maintain close contact with patients at a crucial stage in their recovery.

Although no such scheme can hope to be one hundred per cent. successful in its aim of rehabilitating patients to the community, the results so far have been most encouraging. A great deal has been learned about this problem by all concerned—Public Health Doctors, Psychiatrists and Mental Welfare Officers.

In spite of some disappointments Theophilus Cottage Hostel is a well worth-while venture, and an important step forward in tackling the big problem of rehabilitation of mentally ill people to a normal life.

## THEOPHILUS COTTAGE.

1. Mr. K. M. — Aged 49 years — Divorced.

Admitted 15.5.64. Discharged 5.12.64.

This man had no history of mental illness until his wartime Army Service. After the War he was intermittently ill with Schizophrenia, and this became much worse in 1962. From 1962 to 1964 most of his life was spent in Storthes Hall Hospital.

At the Hostel he was initially unhelpful and difficult. After three months he had become much more co-operative and had worked for most of this time, which was a dramatic improvement. At the Hostel he was much better than he had been for years—so much so that the Consultant Psychiatrist asked for an extension of his stay for a further three months. Unfortunately, one month after this, this man had a relapse owing to the stress of travelling to Tadcaster to work, and to a heavy cold. After this he had no determination to work, and has been seen by the Psychiatrist who feels that, since no long-stay hostel is available, this man will have to return to hospital. However, he improved, returned to work, and is now at work, living in his own house and is doing well.

2. Mr. J. T. S. — Aged 35 years — Separated.

Admitted 15.5.64. Discharged 19.11.64.

This man had six admissions to Storthes Hall Hospital between 1958 and 1964, with attacks of depression. In April, 1964, he was admitted to hospital in a state of mania. He was at this time very ill, had scabies, was dirty and in a deteriorated condition. He had been living in a basement room.

His illness was treated, and he was discharged to the Hostel, where he was at first difficult and unsociable, and had the attitude that the world owed him a living. However, he quickly improved and got a job which he had kept until now. He felt he could not go into lodgings since he wished to keep some independence. He was provided with a Council flat, and was helped with donations of furniture. He is now doing well and is regularly in work.

3. Mr. B. B. — Aged 56 years — Widower.

Admitted 21.5.64. Discharged 16.8.64.

For the first time in his life this man became mentally ill and was admitted to Halifax General Hospital on 5.5.64. He had attempted suicide because of worry about a daughter in Storthes Hall Hospital, debts, losing his job, and personal ill-health. He quickly recovered and remained well in the Hostel. During his stay he was helped to sort out his debts,



got another job, and since his discharge to lodgings, which he found himself, has done well. He maintains contact with the Matron at the Hostel.

4. Mr. W. B. P. — Aged 39 years — Separated.

Admitted 24.5.64. Discharged 11.7.64.

Between 7.11.59 and 11.7.64 he had sixteen admissions to mental hospitals, because of psychopathic personality. In his first month at the Hostel he did well, working at a mill. He then lost his job, and started to behave badly in the Hostel. He made an attempt to get another job, and went from the Hostel back to Halifax General Hospital. The Psychiatrist now feels that nothing can be done to help this man.

5. Mr. F. M. — Aged 48 years — Separated.

Admitted 23.5.64. Discharged 18.6.64.

Between 1957 and 1964 he had five admissions to mental hospitals. In April, 1964, he was admitted to Storthes Hall Hospital following threats of suicide. Since 1957 he had hardly worked at all.

In our Hostel he had his ups and downs, but did quite well. A job was found for him at Butlins, Filey. He left owing some money to the Hostel. After leaving he twice telephoned and promised to send the money he owed. On the second occasion he stated that he was sailing to Greenland.

6. Mr. A. P. J. — Aged 55 years — Single.

Admitted 23.5.64. Discharged 12.6.64.

Between 28.9.62 and 12.6.64 he had five admissions to Storthes Hall Hospital. Before admission to the Hostel he had been working in the Hospital kitchens; following admission because of depression, frequent weeping and suicidal threats.

In the Hostel he was better than he had been in his very bad home, but he did not go out to work. He was re-admitted to Storthes Hall Hospital, and is still there. At his age, successful permanent rehabilitation into community life is unlikely.

7. Mr. A. W. — Aged 24 years — Married.

Admitted 14.6.64. Discharged 20.6.64.

In 1960 he attempted suicide and was in Storthes Hall Hospital. When aged 22, he had married a 17 year old girl. The marriage was very unsatisfactory, and in June, 1964, he made a second attempt at suicide because his wife had decided to leave him.

After only five days in the Hostel he went to his home and did a lot of damage. On 21.7.64 the Psychiatrist expressed the opinion that this severe schizoid psychopath would not benefit from psychiatric help and in future should be dealt with by the Police. In view of his age, it was felt justifiable to give this man the chance of a period at Theophilus Cottage Hostel.

8. Mr. F. B. — Aged 48 years — Single.  
Admitted 19.6.64. Discharged 14.8.64.

This man had been well until the death of his mother in 1959. Since then he had been depressed and drank a lot. He had been admitted to Storthes Hall Hospital in 1961, and again for similar reasons in June, 1964. He was discharged to the Hostel.

Every effort was made to find this man employment, but he made no effort himself, and refused several possible jobs. He started drinking again. The Consultant Psychiatrist saw him, and thought that he could help this man no further, and that further residence at the Hostel could not help him. He left the Hostel and deteriorated further into alcoholism. A great deal of work was done by the Matron, and the Mental Welfare Officers to help this man, but in vain.

9. Mr. R. C. — Aged 56 years — Single.  
Admitted 10.7.64. Discharged 7.11.64.

Between 1955 and 1964 this man had five admissions to Storthes Hall Hospital. He had been employed in a Corporation Department and his attendance had been poor. The Manager of the Department agreed to give him one more chance, and rehabilitation was started at the Hostel. His work attendance had been better than it had been for years. This man has an inadequate personality, and had suffered from recurrent depressions. With support from the Hostel he remained well and went to work. He owned his own house. He would have been better in lodgings or in a long-term hostel, but went home again. Some domestic help was arranged for him, and he did very well.

10. Mr. F. M. — Aged 50 years — Married.  
Admitted 2.9.64. Discharged 17.9.64.

Since 1954 he had lived most of his life in Storthes Hall Hospital, because of manic depressive illness with schizophrenic features. He had not worked for years, and was clearly going to be a difficult rehabilitation problem. The Mental Welfare Officer kept in close contact with him at the Hostel, and he saw the Disablement Resettlement Officer; but he soon sank into severe depression and introspection, and was readmitted to Storthes Hall Hospital.

11. Mr. J. C. — Aged 44 years — Single.  
Admitted 12.8.65.

A chronic schizophrenic who since early 1964 had been attending Furness Park Training Centre. For the past few years he had lived intermittently at the Salvation Army Hostel, and at various undesirable lodgings.

In August, 1964, he became ill, and began to miss attending the Training Centre. The Psychiatrist suggested admission to Theophilus Cottage Hostel rather than hospital admission. He very quickly became well again, and has attended the Training Centre regularly, and has been happier, cleaner and better dressed. During his Hostel stay he became unwell with a kidney infection and dental abscess. He was treated at the Hostel by his General Practitioner.

The Salvation Army Hostel is most unsuitable for this man. A long-stay hostel would be ideal. Suitable lodgings are being looked for.

12. Mr. H. C. — Aged 20 years — Single.  
Admitted 4.9.64.

This young man, who is of low intelligence, had become maladjusted and slightly deluded because of an extremely bad family background, where he and the other children had been badly treated by the stepfather. He was admitted to Storthes Hall Hospital on 27.7.64, and to the Hostel on 4.9.64. He worked from the start. At first uncouth and ill-mannered he rapidly improved to a great extent. He is at present doing well, and he was found suitable accommodation in Halifax away from his home.

13. Mr. T. D. S. — Aged 43 years — Separated.  
Admitted 28.10.64.

This man was in Menston Hospital twice in 1951, and was in Storthes Hall Hospital in November, 1963, and August 1964. He had a bad history of alcoholism and depression. He is a highly skilled mechanic, and since admission to the Hostel has done well. He has not been drinking, and has kept his job in spite of finding this a physical strain after some time in hospital.

14. R. A. S. — Aged 19 years — Single.  
Admitted 13.11.64. Discharged 27.11.64.

This severely subnormal youth had been discharged from a subnormality hospital. His family were unwilling to look after him, since he was unco-operative at home.

As a temporary measure he was admitted to the Hostel, where, because of his subnormal mentality and his personality, he did not fit in, and proved difficult.



He was transferred to a hostel in Tadcaster specially for subnormal youths, and was found a job. He later left the Tadcaster Hostel, and caused further trouble at home before returning there.

15. Mr. J. D. — Aged 29 years — Single.

Admitted 23.12.64. Discharged 3.1.65.

A subnormal man, who attends Furness Park Training Centre, and who lives alone. His relatives make no attempt to help him and take no interest in him. Since there was a vacancy at the Hostel, and since he would otherwise have spent Christmas entirely alone, he was admitted over the Christmas Holiday.



This is a Halifax Courier photograph.  
**THEOPHILUS COTTAGE**

## SUICIDES

There has been a striking reduction in the number of suicides during 1964. Last year when a special report was made there were 21 victims of *felo de se*. During 1964 the total was 10.

In the table which follows the age and sex distribution of suicides during the last 10 years is illustrated.

### SUICIDES 1955-64

	15-24	25-44	45-64	65-74	75 & Over	Total	Males	Females
1955	1	3	8	4	1	17	16	1
1956	2	2	4	1	4	13	9	4
1957	—	6	11	4	3	24	16	8
1958	—	1	8	3	1	13	9	4
1959	3	5	8	3	1	20	9	11
1960	1	6	12	2	—	21	11	10
1961	—	3	3	4	2	12	4	8
1962	—	—	5	3	—	8	5	3
1963	3	5	8	3	2	21	13	8
1964	—	3	4	1	2	10	7	3
Totals over 10 years	10	34	71	26	16	159	99	60

### DETAILS OF SUICIDES 1964

TOTAL 10      MALES 7      FEMALES 3

Week Ending	Sex	Age	Occupation	Cause of Death
15.2.64	Male	45	Textile Worker	Barbiturate Poisoning (Sodium Amrydil) Self Administered while balance of mind temporarily disturbed.
22.2.64	Female	77	Widow	Coal Gas Poisoning in circumstances not fully disclosed by evidence available.
7.3.64	Male	31	Student Male Nurse	Coal Gas Poisoning self administered with insufficient evidence to ascertain his state of mind at the time.
25.4.64	Female	83	Widow	Coal Gas Poisoning self administered balance of mind temporarily disturbed.
16.5.64	Male	33	Labourer	Overdose of drugs (Tofranil, Librium and Mylomide) self administered while balance of mind temporarily disturbed.
11.7.64	Female	55	Housewife	Asphyxia due to hanging herself while the balance of mind temporarily disturbed.



15.8.64	Male	44	Labourer	Electrocution self inflicted while balance of mind temporarily disturbed.
31.10.64	Male	47	Labourer	Coal Gas Poisoning self administered while balance of mind temporarily disturbed.
7.11.64	Male	53	Maintenance Man	Asphyxia due to hanging himself balance of mind temporarily disturbed.
28.11.64	Male	78	Retired Gardener	Coal Gas Poisoning self administered while balance of mind temporarily disturbed.

Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
—	2	1	1	1	—	1	1	—	1	2	—

### CORONARY THROMBOSIS

Cases attending bi-weekly for Prothrombin Testing are as follows:—

458 visits were made by patients to the Pathological Department, Royal Halifax Infirmary on Tuesday and Friday of each week.

The number of females was 54 and males 132

There were	34	patients	under	the	age	of	45
	12	„	„	„	„	„	55
	115	„	„	„	„	„	65
	25	patients	over	the	age	of	65

The number of times each patient visits varies considerably. Some only attend once and others several times over a long period of time.

### CHRONIC BRONCHITIS

There has been as already indicated in the introduction to this section a reduction of visits to chronic bronchitics. While the preventive aspect of this work is of the greatest importance it is with regret that this reduction has to be recorded. The total number of patients receiving visits at the present time is 20. Since 1963 there have been no new cases notified or referred to us from the Chest Clinic and this accounts for the decrease in numbers.

### DIABETES MELLITUS

On December 31st, there were 150 patients in the register, 62 of these had been brought forward for continued supervision and the remainder were either newly diagnosed as Diabetics or referred for further supervision.

These patients were referred from various sources i.e. from the almoner on discharge from hospital from general practitioners and the district nurses.



During the year 1315 visits were paid:—

12	in the	0—5	age group
690	„ „	5—64	„ „
613	„ „	65 and over	age group

8 patients or their relatives were taught to give insulin.

24 attendances were made to the Outpatients Clinic at the Royal Halifax Infirmary where 76 new patients were seen and given initial instruction on a Diabetic diet.

## PHYSICAL HANDICAPS

Cases of physical handicap are visited as required in relation to the Care and After-Care Services. Altogether 8 persons have benefitted from loan equipment provision. The Medical Officer of Health is a member of the Handicapped Persons Consultative Committee and he has been appointed by the Minister of Labour to serve on the Halifax & District Disablement Advisory Committee. 16 cases of multiple sclerosis are visited routinely.

## HOME HELP SERVICE

Despite the increased establishment to an equivalent of 55 full time home helps from the 1st April, the staff is still not adequate to maintain a completely efficient service. The preponderance of cases is in the geriatric field and in fact a little over 85% of the total case load for the year is found in the combined totals of cases in the over 65's in all categories. Chronic sick of all ages, including the aged infirm and the blind represent 71.6% of the total.

Table 1. shows that there is very little change in the proportions of cases in each category, the greatest fluctuation is in the chronic sick class where a reduction of 3.5% is shown. This is due in some measure to the fact that each year more cases are carried forward into the succeeding one, and many of the cases need more time than formerly—particularly when minimal help has been granted primarily to assist with heavy work—and then increasing age and infirmity necessitates more general care—e.g. fire lighting and preparation of meals, and shopping—and inevitably since more cases are being served and many require extra care, fewer new cases can be accepted. Table 2. illustrates the decline in new cases in two years of 30—and yet in the same period the total number of homes served in the year has increased by 63. The number of cases carried forward in December 1964, shows an increase of 131 cases. It is not possible to accept cases on a basis of chronological age, but only if there is some clinical cause underlying the need for help.

Table 3. indicates the proportion of hours worked in each category, and again shows little variation on last year. If the chronic sick under 65 years and over 65's in all categories are combined they account for approximately 97% of the total hours worked.

Table 4. analyses the hours paid and it indicates a large increase in the overall total—due to the increase in staff—travelling time is higher than last year, due to increased staff and case load, but sickness is lower. The total hours wastage (i.e. paid but not worked) is 11.85% compared with 12.3% in 1963.

There have been periods during the year when the service has been subjected to extreme pressure due to sickness, or holidays, or sudden increases in applications for help in urgent cases, and at these times the curtailing, or even temporary suspension of help to households receiving assistance only for 2—4 hours per week has been unavoidable.

The night sitting service has operated well—the only difficulty being the absence of any relief help for holiday periods, and the fact that if two cases occur simultaneously there is no relief for nights off.

**TABLE 1**  
**Comparison Table of New Cases.**

	1963	% of Total	1964	% of Total	Comparison
Chronic Sick (Including Aged and Blind)	227	75.1%	197	71.6%	Down 3.5%
T.B.	1	0.4%	2	0.7%	Up 0.3%
Mental Health	4	1.3%	3	1.1%	Down 0.2%
Maternity and Ante-Natal	35	11.6%	33	12%	Up 0.4%
Housewife Ill	35	11.6%	34	12.4%	Up 0.8%
Husband Ill	—	—	6	2.2%	Up 2.2%
Totals	302		275		

**TABLE 2**  
**Comparison Table of Case Loads.**

	1962	1963	1964
Cases brought forward	302	338	395
New Cases	305	302	275
Total for Year	607	640	670
Cases Finished	269	245	237
Carried Forward	338	395	433

**TABLE 3**  
**Comparison Table of Hours Worked.**

	1963	% of Total	1964	% of Total	Comparison
Chronic Sick (Including Aged and Blind)	88,937 $\frac{1}{4}$	94 %	103,032 $\frac{1}{4}$	93 %	Down 1 %
T.B.	1,825	1.9 %	2,215 $\frac{1}{4}$	2 %	Up 0.1 %
Mental Health	659	0.8 %	874 $\frac{1}{4}$	0.8 %	No Change
Maternity and Ante-Natal	1,271 $\frac{1}{2}$	1.3 %	1227 $\frac{1}{4}$	1.1 %	Down 0.2 %
Housewife Ill	1,962 $\frac{3}{4}$	2 %	2963	2.6 %	Up 0.6 %
Husband Ill	—	—	583 $\frac{1}{2}$	0.5 %	Up 0.5 %
Total	94,655 $\frac{1}{2}$		110,895 $\frac{1}{2}$		

**TABLE 4**  
**Analysis of Hours Paid.**

		1963	1964
	Hours Worked	94655 $\frac{1}{2}$	110895 $\frac{1}{2}$
	„ Travelling	1542 $\frac{3}{4}$	2025 $\frac{1}{4}$
Wastage	„ Sickness	5916 $\frac{1}{4}$	5669 $\frac{3}{4}$
	„ Leave	5961	7226
	Wastage Total	13420:12.3 %	14921 - 11.85 %

**TABLE 5**  
**Domiciliary Visits.**

	1962	1963	1964
Organiser	832	1068	1149
Assistant	—	—	163
	832	1068	1312

The cleaning service has been used in the cleansing of dirty and neglected homes, and also in the preparation and cleaning of homes for patients being discharged from hospital and in the absence of such special duties, has been used to supplement the home helps.

The appointment on 1st April of a junior clerk in the office has enabled more visits to be made to patients homes, and some



1312 visits were done in 1964. 163 of these visits were by the senior clerk, so there is now supervision and assessment of cases when the organiser is away from the office. Even more visits will be possible in the current year as only 9 months were covered after the appointment of the additional clerk, and some weeks were necessarily occupied in training both clerks to their new posts.

Many applicants for help, particularly in maternity cases have cancelled their applications upon being informed they would have to pay the standard charge of 4/- per hour, and there are still occasions upon which charges, whether standard rate or assessed on a basis of income and/or capital, make it impossible to allocate the amount of help which is really required in a home, because a heavy financial burden would result.

There has been good liaison between this section of the Health Department and other departments, also with the midwives, district nurses, special nurses and health visitors. Thanks are due to the home helps, cleaners and sitters-in, the majority of whom have worked hard in difficult and sometimes unpleasant work, including evening and weekend visits to sick patients, and other tasks, which small in themselves mean so much to an old, lonely person. To strive for a better service to the community with loyalty and assistance of the home helps, without which we cannot succeed will always be our desire and what we hope for.

No. of Home Helps at end of year:—

Whole Time 18 + 2 night sitters.

Part Time 73 + 1 Cleaner.

	No. of Cases where Domestic Help was provided over the year.	No. of hours worked.	Cases completed in Col. 1 where help began prior to 1964.
A. Maternity	34	1227 $\frac{1}{4}$	1
B. Ante-Natal	—	—	—
C. Chronic Sick			
under 65	33	5076 $\frac{1}{2}$	7
over 65	525	93994 $\frac{1}{4}$	102
D. Tuberculosis	7	2215 $\frac{1}{4}$	1
E. Housewife Ill			
under 65	26	1421 $\frac{3}{4}$	2
over 65	19	1541 $\frac{1}{4}$	5
F. Husband Ill			
under 65	4	409	
over 65	2	174 $\frac{1}{2}$	
G. Mental Health	6	874 $\frac{1}{4}$	1
H. Blind over 65	14	3954 $\frac{1}{2}$	

Number of application for help received:— 388.

## SECTION III

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### NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN

MIDWIFERY

HEALTH VISITING

HOME NURSING

VACCINATION AND IMMUNISATION

## CARE OF MOTHERS AND YOUNG CHILDREN

The Day Minding of children is important not only to relieve the anxieties of mothers who have to go out to work, but also in other circumstances where, for example, home conditions and surroundings are inadequate for the safety and care of children.

Under the existing regulations it is possible for a woman to have the care of two children in addition to her own without registration. The Health Visitor has the responsibility of supervising the welfare of children and may be faced with an unsatisfactory milieu in which to give advice and at the same time without statutory support for improving the position.

During the year the numbers attending the Day Nurseries have been on the decline and this has provided the opportunity of admitting children from problem families. Not always, however, are vacancies accepted, and even when the Maternal & Child Welfare Committee have authorised free placing some mothers have been indifferent in securing attendances. Under present conditions it is sometimes easier (but unfortunately more expensive) to have children taken into care and much careful handling and wise teaching are demanded of the health visiting staff to prevent this. On several occasions requests by private individuals have been made to start private nurseries but apart from a small number of official child minders, there has been no development of this type in Halifax. On one occasion registration was refused on account of inadequate standards.

Toddling sessions at the North Parade Child Welfare Clinic have continued and the Department has encouraged the development of Mother and Baby Clubs. These arise mainly as a result of young mothers' groups in Churches and their formation is encouraged by the Women's Voluntary Services and visited by the medical and health visiting staff of the Department. Great interest is shown in the talks and films which are arranged at intervals.

During the year some attempt has been made to review the possibility of resuscitating a Day Nursery Training School, but so far the number of qualified staff has been insufficient. During the year Miss Heaney of the Ministry of Health visited the Department and discussions between herself and the Superintendent Nursing Officer have proved valuable.

In this Section I will review M. & C. W. statistics, report the work of the Section under the leadership of the Superintendent Nursing Officer, deal with special measures which have been practised by the Health Visitors and others, include a report from Miss Goodwin, Day Nursery Matron, and give special mention to midwifery and moral welfare, health visiting and speech therapy and finally the dental care of children and home nursing.

The Ante-Natal Clinic at North Parade continues to be held



regularly at twice weekly intervals and the patients are invariably good attenders.

Six pupil midwives were trained in 1964. An acute shortage of midwives, which was experienced during the year, was successfully overcome by judiciously admitting to hospital and employing State Registered Nurses to follow up hospital deliveries within 48 hours and onwards after discharge. A few months later their services, which were much appreciated, were dispensed with but in practically each case the nurse was absorbed into other departments. This is the only occasion in which anything resembling a discharge from hospital after 48 hours was practised. It is only in times of emergency that measures of this kind should be adopted and in Halifax we are proud that the traditional methods of domiciliary midwives and Assistant Medical Officers at the Clinics are maintained.

The total number of births in Halifax was 2,840, which shows an increase on the figures for 1963 (2,694); of these 2,680 were born in the Halifax General Hospital. The bulk of the difference between hospital and domiciliary confinements was due to the staff situation at the beginning of the year when 50% of the deliveries for three months was undertaken as already indicated, by the hospital and then nursed by the domiciliary staff. Miss Savage the Superintendent Nursing Officer draws attention to the preference shown nowadays by mothers for hospital confinement and she even alleges a growing desire in some sections for some preference for this method.

Prema- ture still births	PREMATURE LIVE BIRTHS						
	Nursed entirely at home					Trans- ferred to Hospital	Birth weight
	Died in first 24 hours	Died in 1 and under 7 days	Died in 7 and under 28 days	Survived 28 days	Total		
1	—	—	—	—	—	—	2 lb. 3 oz. or less
5	—	—	—	—	—	1	Over 2 lb. 3 oz.
5	2	1	—	—	3	—	Up to 3 lb. 4 oz.
—	—	—	—	—	—	—	Over 3 lb. 4 oz.
—	—	—	—	—	—	—	Up to 4 lb. 6 oz.
1	—	—	—	—	—	—	Over 4 lb. 6 oz.
—	—	—	—	—	—	—	Up to 4 lb. 15 oz.
—	—	—	—	—	—	—	Over 4 lb. 15 oz.
—	—	—	—	—	—	—	Up to 5 lb. 8 oz.
12	2	1	—	—	3	1	

# PREMATURE DEATHS IN HOSPITAL

Report by Consultant Paediatrician.

The number of premature deaths in Halifax Hospitals has increased. Probably less than half a dozen of these were strictly preventable. Points of interest are that at least 14 of these deaths were at 28 weeks or under. These presumably were all thought to have lived, but many of them, of course, could have been considered as abortions. Another 21 or so were 3 lbs. or under, and of these 14 were 2 lbs. or under. Dr. Sweetnam whose unfailing stimulation and guidance I record with gratitude draws attention to the following— in 1963 there is an 18% increase of premature births on 1962, and in 1964 there was a further increase of 30% premature births on 1962. Again there has been an increase in multiple deliveries. In 1963 there was a 37% increase in the number of twins on 1962, and in 1964 there was a 55% increase in twins on 1962. A further factor that has no doubt increased the list was that in 1964 there was a 30% increase in unbooked cases on 1962. Dr. Sweetnam has provided the following tables.

## DETAILS OF PREMATURE DEATHS IN HOSPITAL

NAME Ref- erence	Book- ed or Emer- gency	Duration of Life	Matur- ity	Weight	History Attributed to Death P.M. Report
M1.	B	3 min.	36 wks.	7.2	R.H. neg. with antibodies Labour induced,. Hydrops Foetalis
C1.	B	16½ hrs.	30 wks.	3.11	P.M. Prematurity
C2.	B	7 days	30	3.8	P.M. Prematurity
B.1	B	42 hrs.	40+	7.6	Hydrocephalus — numerous abnormalities
S.1	B	2 hrs.	26	2lbs.	Admitted as a threatened abortion P.M. Prematurity
C.3	B	5 days	26	2.6	P.M. Pulmonary Haemorrhage- Prematurity
R.1	B	12 hrs.	37	5.14	P.M. Asphyxia? due to inhalation of liquor
W.1	B	4 days	30	2.8	A.P.H. 5th Pregnancy P.M. Atelectasis and Prematurity
J.1	B	1 hr.	40	5.14	Breech dly. cord tightly round neck P.M. Asphixia
S.2	B	5 days	39	5.8	Severe pre-eclampsia Forceps dly. P.M. Broncho pneumonia
S.3	BBA	7½ hrs.	?	2.8	
H.1	B	10 hrs.	30	2.14	Admitted in 2nd Stage of labour? P.M. Prematurity duration of labour

NAME Ref- erence	Book- ed or Emer- gency	Duration of Life	Matur- ity	Weight	History Attributed to Death P.M. Report
B.2	B	3 days	36	4.10	Intra cranial haemorrhage Asphyxia P.M.
S.4	B	5 days	33	?	Jaundiced 4th day. Blood trans- fusion given. No p.m. re.
B.3	B	1 day	37	9.2	Diabetic mother P.M. Atelectasis
L.1	B	6 hrs.	40	8 lbs.	R.H. Neg. with antibodies—Baby collapsed during exchange trans. P.M. Asphyxia due to inhalation of vomits.
H.2	E	3 hrs.	30	1.14	No A.N. care
C.4	B	3/4 hr.	28	2.4	Breech delivery
D.1	B	2 hrs.	23	1.3	Admit as threatened abortion
D.2	B	5 hrs.	23	1.3	Admit as threatened abortion
B.5	B	19 hrs.	37	6.8	2nd Twin P.M. Asphyxia
P.1	B	20 hrs.	40	6.4	White asphyxia at birth P.M. Respiratory distress syndrome
G.1	B	35 hrs.	32	3.4	Twin 1. A.P.H. Internal version. Breech dly. P.M. Respiratory syndrome
R.2	B	5 hrs.	36	52	R.H. neg. with antibodies died during exch. trans.
P.2	B	3 days	32	2.4	Induced labour—severe pre- eclampsia P.H. Subarachnoid Haemorrhage
M.2	E	9 hrs.	32	3.0	BBA. No midwife present at dly. P.M. Atelectasis
M.3	B	4 hrs.	36	3.6	A.P.H. P.M. Atelectasis premat- urity
D.1	B	5 hrs.	28	2.5	Hydramnies. No p.m.
H.2	E	4 hrs.	23	1.13	Admit as threatened abort. Born Ward 4
A.1	B	4 hrs.	40	9.12	Forceps dly. P.M. Subarachnoid Haemorrhage
M.4	B	9 hrs.	40	5.9	C.S. Diabetic mother
B.7	B	8 hrs.	28	?	BBA. P.M. Respiratory distress syndrome
O.1	E	2 days	30	1.14	C.S. Severe pre-eclampsia. P.M. Resp. distress



NAME Ref- erence	Book- ed or Emer- gency	Duration of Life	Matur- ity	Weight	History Attributed to Death P.M. Report
B.7	B	12 min.	28	1.9	Anecephalic
T.1	B	2 days	30	1.14	Twin (1) Twin (2) S.B. Hydram- nios. P.M. Resp. distress
W.1	B	15 hrs.	38	7.6	White asphixia P.M. Ventric. Septal defect. Turmoural Liver
R.2	B	3 days	24/26	2.0	? Mongol
B.8	B	11 hrs.	24/26	2.5	Breech delivery
M.5	B	14 hrs.	36	7.0	R.H. neg. with antibodies Ecxh. trans. P.M. diffuse sub-arachnoid haemorrhage. Pulmonary Haem- orrhage
S.5	B	3 hrs.	32	3.8	Breech P.M. Inter-cranial Haemorrhage
A.2	B	1 hr.	32 wks.	4.4	Breech P.M. Atelectasis Bilateral Hydronephrosis. Deformities of legs and feet
S.6	E	1 hr.	32	1.12	No. Anc. A.P.H.
S.7	B	50 mins.	25	1.10	BBA.
G.3	B	2½ hrs.	22 wks.	1.3	No P.M.
G.4	B	5½ hrs.	22 wks.	1.3	No P.M.

Approximately 75% deaths (premature) are premature births  
1963 18% increase premature births on 1962  
1964 30% increase premature births on 1962

Incidence is greater in multiple deliveries  
1963 37% increase twins on 1962  
1964 55% increase twins on 1962

Unbooked cases also increase potential risk  
1964 35% increase on 1962

TOTAL DELIVERIES  
1963 32% increase on 1962  
1964 14% increase on 1962

The birth rate was 18.35 (England and Wales 18.4) which remains just below the national average.

The number of still births has decreased at least in so far as these took place in the home. In most cases, however, some abnormality which had been detected at the ante-natal clinic had caused the mother of a still-born baby to be confined in hospital.

Of the 137 babies born prematurely 26 died. Of these the birth weight in 11 cases was below 3 lbs. which greatly reduced an already feeble hold on life. In Halifax we are very fortunate that close liaison enables these babies to be admitted to hospital for the special care they need.

Infectious disease in mothers and babies has been notable by its almost complete absence during the year. Only one notification of puerperal pyrexia was received by the Medical Officer of Health and in this case the temperature settled in 24 hours. Notification of pemphigus and ophthalmia neonatorum were not confirmed. During the year the ante-natal clinics functioned harmoniously with a fine team spirit led by the Consultant Obstetrician while the general conduct was under the control of the medical staff of the department with very efficient assistance from the Senior Midwife and her staff. Relaxation has been a feature of the years working and mothercraft clinics, although offered to all expectant mothers, but especially to each first and second pregnancy.

Tests for Phenylketonuria were performed on all babies born in the Borough amounting to 1,477 tests compared with 1,300 in 1963. Although there were doubtful cases reported it was very fortunate to report that these were found to clear up very well with three testing and in the final analysis negative results are always satisfactory.

The staff of the Department, Health Visitors, Special Nurses and Midwives are specially concerned with the care of babies born into problem families. More frequent visits are paid and although the conditions are sometimes unhygienic, the care of the children and the love which is shown is frequently satisfactory, otherwise there is often some indication that special measures are required. The Superintendent Nursing Officer has reported that during the year there was no break-up of families seen by the Health Visitors. Where the care of the children is ineffectual there is sometimes an opportunity to arrange admission to a Day Nursery or attach a Home Help to the disordered home.

One very frequent cause of infant death is anoxia and oxygen resuscitation equipment has been in operation throughout the year. This enables the safe transport of a premature baby in an incubator which is kept permanently plugged in to the main wiring electrical circuit at the ambulance station.

The Infant Mortality Rate of 33.1 (England and Wales)20)

is calculated from 58 deaths. The principle causes of these deaths was as follows

Prematurity	...	...	...	...	26
Pneumonia	...	...	...	...	20
Congenital malformations	...	...	...	...	6
Other causes	...	...	...	...	6
Total					58

No mothers died during the year under review.

Ante-Natal Clinics and Attendances.

(1)	No. of Clinics provided at end of year (whether held at Child Welfare Centres or other premises)	No. of sessions now held per month at Clinics included in Col. 2	No. of women in attendance		Total number of attendances made by women included in col. 4 during the year
			No. of women who attended during the year	No. of new cases included in Col. 4, i.e. for A.N. clinics women who had not previously attended any clinic during current pregnancy and for P.N. clinics women who had not previously attended any P.N. Clinic after last confinement	
(1)	(2)	(3)	(4)	(5)	(6)
Local Health Authority Clinics supervised by L.A.'s Medical Staff:					
Ante-natal clinics	1	16	812	812	4,060
Post-natal clinics	—	1	2	2	2

All Maternity & Child Welfare Clinics have a Medical Officer in attendance but during the year an extra session for health education continues under the leadership of Miss Brown, Senior Health Visitor. At the following clinics a medical officer is in attendance :

North Parade	...	Wednesday and Fridays a.m.
St. Pauls	...	Mondays 1.30
Fairfield	...	Tuesdays a.m.
Mixenden	...	Tuesdays 1.30
Siddal	...	Mondays 9.30
Northowram	...	Wednesdays 1.30
Illingworth	...	Fridays 1.30
Ovenden	...	Thursdays 1.30



## Child Welfare Centres and Attendances

Centres provided by	No. of centres provided at end of year	No. of C.W. sessions now held per month at centres in col. 2	No. of children who first attended a centre of this L.H.A. during the year, and who at their first attendances were under 1 year of age	No. of children who attended the year who were born in			Total No. of children who attended during the year	No. of attendances during the year made by children who at the date of attendance were			Total attendances during the year
				1964	1963	1962-59		under 1 year	1 but under 2	2 but under 5	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
L.H.A.	8	40	1,328	1,081	1,063	1,356	3,500	11,769	2,691	1,600	16,060

During 1964 6,367 children were seen by the doctors at various clinics compared with 5,773 in 1963.

The nutritional and physical status of children increase each year and although we are concerned with the psychological factors governing their handling and development, we are concerned about 'heavy weight' babies. So often in the past there has been a tendency at Child Welfare Clinics to disregard body weight if a child's development was otherwise satisfactory. We are concerned, however, that the modern system of feeding, which admits of solids even in some cases before three months, accelerates weight and development, so that a baby will double its birth weight in a little more than three months instead of six months, which was common 25 years ago. Discussions between medical and health visiting staff are frequently taking place and the over-weight baby is more carefully observed.

Dried milk was distributed as follows:—

	1964	1963
Cow and Gate ... ..	3,768	2,131
Ostermilk ... ..	24,742	24,823
Trufood ... ..	6,543	5,611
S.M.A. ... ..	609	541

And National Dried Milk, Cod Liver Oil and Orange Juice were issued at all clinics, to the extent of:—

	1964	1963
N.D.M. ... ..	6,139	9,081
Orange Juice ... ..	15,442	15,168
Cod Liver Oil ... ..	2,056	2,053
Vitamin A and D ... ..	875	1,339

As already indicated the Infant Mortality position is unsatisfactory and there were 58 deaths of infants under 1 year during 1964.

- 24 died under 24 hours
- 9 died under 1 week
- 1 died under 1 month
- 24 died between 1 month and 1 year

## DAY NURSERIES.

As already stated the numbers attending day nurseries have dropped and there is now no waiting list. The following is a summary of the work carried out in both Ling Bob and Craigie Lea Day Nurseries.

### CRAIGIE LEA DAY NURSERY

The average daily attendance of children has been 50 per day, a reduction from the previous year. The children 3—5 years are the best attenders.

We have a few children of Immigrant families attending the Nurseries. A Medical Examination, and a Tuberculin Skin Test is carried out on all children before admission to the Nurseries.

#### The number of Infectious Diseases

14 cases	—	Measles
36 cases	—	Chicken-Pox
2 cases	—	German Measles

Triple Immunisation, and Poliomyelitis Vaccinations have been carried out (on children who have not been done prior to admission to the Nursery) at Doctors monthly visits, also frequent Medical Examination of all children. No accidents of note have occurred among the children.

We have been constantly in touch with the Superintendent Nursing Officer, and the Health Visitors about the care of children, especially from problem families. A number of these families have had their children accommodated at the Nursery.

We have had quite a number of children for short stay periods when their mothers have been in Hospital. The Almoners at the Hospital get in touch with us about such cases.

I am sure all children benefit from coming to the Nursery.

### LING BOB DAY NURSERY

The average daily attendance of children has been 28 per day, a reduction from the previous year. The age problem is a great factor; our children being 3 months—3 years. We have numerous enquiries for admission, but when they are assessed the charge is too high. We have quite a few children of Immigrant families attending the Nursery, these and all children have a Medical Examination, and a Tuberculin Skin Test, before being admitted to the Nursery.

We have had two accidents among the children. Valerie Wilson trapped her finger in the door of the Wendy House, and took a small piece of flesh from her little finger, she was treated at the Halifax Infirmary.

Christopher Gilling slipped on the Nursery floor when he was running to his brother who had come to collect him. He

was taken to the Halifax Infirmary and X-rayed, he was found to have a Fractured Tibia and P. o. P. was applied. Both children recovered without any disability.

At the Doctors Monthly visits, the children have frequent Medical Examinations, and Triple Immunisation and Poliomyelitis Vaccination is carried out. 10 children completed Poliomyelitis vaccination and 6 children Triple Immunisation. We find quite a number of children have had their infections before coming to the Nursery.

The Number of Infectious Diseases

- 1 case — Measles
- 1 case — Chicken-Pox.

Admission to Day Nurseries is often an essential part of Hospital After-care and periodically we have demand from the Hospital Almoners for admission of children whose mothers have to go into Hospital. These are usually for a short stay period.

Healthy surroundings, and a good stabalised Diet which children receive at the Nursery are of great benefit to them.

DAY NURSERY STATISTICS

	No.	No. of Approved Places		No. of children on register at end of year		Average daily attendance during year	
		0-2	2-5	0-2	2-5	0-2	2-5
Nurseries maintained by Council .. ..	2	113	—	90	—	—	80
Nurseries maintained by Voluntary Organisations .. ..	—	—	—	—	—	—	—

PRIVATE PREMISES; DAILY MINDERS

In addition to Day Nurseries, the Local Health Authority registers premises for private enterprise and also Daily Minders. Great care is taken to ensure a very high standard of care for all children according to the same standards of hygiene and professional competence which is practised daily in Ling Bob and Craigie Lea.

Nursing Homes are also Registered under Section 187-194 of the Public Health Act, 1936.



	Number of Homes	Number of beds provided for		
		Maternity	Others	Totals
Nursing Homes first registered during 1964 ..	—	—	—	—
Nursing Homes on the register at the end of 1964 .. .. .	2	—	28	28

### MIDWIFERY

The Queen's Institute of District Nurses are the Halifax Corporation Health Department agents so far as the employment of midwives is concerned. In addition to conducting confinements in the home with or without the co-operation of members of the Local Obstetric List of Medical Practitioners, they arrange the post-natal care of Halifax cases discharged from maternity hospitals outside the town. Attendances at the Ante-Natal Clinic are well maintained and an efficient system of blood testing for anaemia, Rh. Factors and other tests are carried out. A careful medical examination for general health and dental fitness, in addition to obstetrical testing is made. Abnormalities, if and when they arise are corrected by the Consultant Obstetrician or admitted to a special ante-natal observation bed.

The affairs of the Ante-Natal Clinic are under the direction of the M.C.W. Committee. A Co-ordination Committee for maintaining co-operation between the three branches of the service met once during the year. The measure of the work being carried out is gauged by the number of deliveries during the year but account is also taken of the work involved in after-care following discharge and examinations in the puerperium of cases discharged from hospital represented 30% of the total cases nursed during the year.

### MIDWIFERY STATISTICS

	Number of Midwives practising in the area of the Authority at 31st December, 1964		
	Domiciliary Midwives	Midwives Institutions	Total
Midwives employed by Voluntary Organisations			
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of National Health Service Act	8	—	8
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—
Midwives employed Hospital Management Committee, etc.	—	18 (4 Part-time)	18 (4 Part-time)
Midwives in Private Practice	1	—	1
TOTAL	9	18 (4 Part-time)	26 (4 Part-time)

There is an excellent system of interchanging information between the various doctors, local authority and family by the Co-operation Card which was introduced in 1963 and has been of increasing use in relation to information about special physical and biochemical examinations.

More time is now devoted to the promotion of the general welfare of the patient and attention is directed to ensuring that she has not only every medical care but also that individual expectant mothers are happy and have a feeling of security.

MIDWIVES' DELIVERIES AT HOME AND HOSPITAL

	Number of Deliveries in the Area of the Local Supervising Authority attended by Midwives during 1964		
	Domiciliary Cases	Cases in Institutions	Total
	As Midwives	As Midwives	As Midwives
Midwives employed by the Authority	—	—	—
Midwives employed by Voluntary Organisations			
(a) Under arrangements with the Local Health Authority in pursuance of Section 23 of National Health Service Act .....	491	—	491
(b) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act) .....	—	—	—
Midwives employed by Hospital Management Committees, etc. ....	—	2348	2348
Midwives in Private Practice .....	—	—	—
<b>TOTAL</b> .....	<b>491</b>	<b>2348</b>	<b>2839</b>

The number of cases in which medical aid was summoned during the year under Section 14 (1) of the Midwives Act, 1918, by a Midwife:—

(a) For Domiciliary Cases:—							
(i) Where the Medical Practitioner has arranged to provide the patient with maternity medical services under the National Health Service ... ..							
							138
(ii) Others ... ..							
							—
Medical Aid Forms received during the year on behalf of child ... ..							
							13
Of these:—							
Discharging eye(s) ... ..							1
Colds ... ..							2
Asphyxia ... ..							1
Septic Spots ... ..							1
Vomiting ... ..							3
Abnormalities ... ..							2
Haematuria ... ..							1
Cyanosis ... ..							1
Diarrhoea ... ..							1

Notification received in accordance with Central Midwives' Board Rules:—

Notification of Stillbirth ... ..	2
Notification of having laid out a dead body ... ..	1
Liable to be source of infection ... ..	8

#### THE UNMARRIED MOTHER. ST. MARGARET'S HOUSE.

The Halifax Rural Deanery Moral Welfare Council administer a Mother and Baby Home at St. Margaret's House, 8, Balmoral Place, as agents of the Halifax Corporation. Under an agreement between the Council and the Moral Welfare Council, the Corporation agree to pay five-sixths of the cost of maintenance. The average stay of ante-natal and post-natal cases is six weeks.

#### ST. MARGARET'S HOUSE

(1) Total Beds (excluding Maternity, Labour and Cots	12
(2) Labour Beds ... ..	0
(3) Cots ... ..	6

I have much pleasure in enclosing statements by Miss Westwood, Social Worker, and Miss Tolson, Matron:

#### SOCIAL WORKER'S REPORT FOR 1964.

During the year sixty-three people from the County Borough of Halifax were referred to us. Of these forty-eight were single girls and nine were married women expecting or having had illegitimate babies, and six were family difficulties.

On the 31st December 1964 the position of the mothers and the babies was as follows:—

#### MARRIED WOMEN 9.

- 4 mothers were bringing up the babies in their own homes
- 1 mother had baby with her in her parents' home
- 1 mother living with her husband with the baby
- 1 baby was adopted
- 1 expectant mother

#### SINGLE GIRLS 48

- (12 were admitted to St. Margaret's House)
- 13 babies were adopted
- 11 babies were with their mothers in the parents' home
- 1 baby placed with a foster mother
- 1 baby admitted to the local authority residential nursery
- 1 mother had a miscarriage
- 1 mother married the baby's father
- 1 mother living in a furnished cottage with baby
- 5 girls left the town
- 3 girls resident in St. Margaret's
- 11 girls awaiting their confinement.



## ST. MARGARET'S HOUSE

	No. of cases admitted	No. of beds at end of 1964	Average duration of stay (days)
1. Ante Natal	46	12 }	27
2. Post Natal	2	}	29
3. Shelter	None	—	—
4. Total	48		
5. No. of cots		6	56
6. No. of cases included for which the Authority accepted financial responsibility ... ..			16
7. No. of cases for which the Authority accepted financial responsibility which were sent to Homes outside the area ... ..			8

During the year the house has been well used and the work goes steadily on. Eighteen babies were placed with adopters and two were admitted to local authority Nurseries. Eighteen babies returned home with their mothers which I feel is a good sign, showing that the girls realise their responsibility towards their babies.

We are grateful to the Committee for many improvements in the house.

### HEALTH VISITING

Some difficulty has been experienced in maintaining the Health Visiting strength. To fulfil the varied service of Health Visitors in addition to their child welfare role, State Registered Nurses have been appointed for domiciliary care in relation to Tuberculosis, Geriatrics and special duties. This departure has been successful. Under the guidance of the Superintendent Nursing Officer the Health Visiting service is a comprehensive one which works well with the other nursing services and Home Helps to strengthen community care. Sometimes it is difficult to assess the value attaching to Health Visiting, particularly in relation to child welfare. The Health Visitor is a silent worker mobilising the services required to maintain family health. Her links extend beyond the Health Education function delivered so effectively at a personal level in the home, to ties with the Mental Health Service, Hospital Almoners, General Practitioners, Welfare Services and Voluntary Organisations. A family with problems through her influence, may be preserved as a unit but once breakdown has occurred all her skill applied all the time will often be of no avail. The economic deployment of her resources has been my first concern. Whilst she must be free to report clinical difficulties directly to general practitioners, certain aspects of her work in relation to re-housing, hard core problem families, infectious diseases and the results of special surveys, work must be channelled to the other services controlled by the Health Committee. The Child Welfare Clinics in the district in which she works may afford her convenient opportunity for group education and bringing certain problems before the Assistant Medical

Officers of Health, but her main role is in the home and if difficulties arise through non-attendance at clinics for special purposes, e.g., in relation to immunisation or vaccination, then appropriate steps are taken within the home. The Health Visiting Headquarters are at Kirby Leas with all other branches of the Nursing Service, including the Home Help Organiser.

No. of Health Visitors employed at end of year		No. of Visits paid by Health Visitors during the year							
		Expectant Mothers		Children under 1 year of age		Children between the ages of 1-5			
Whole Time on Health Visiting	Part Time on Health Visiting	First Visits	Total Visits	First Visits	Total Visits	Total Visits	T.B.	Other Cases	
1964	5	1	344	402	1,599	3,724	7089	126	2,226

There are more elderly people living in the community in the proportion of 10-15 per cent. To preserve the ageing community as free from disease as possible may appear a primary aim of the Health Visiting Service but in a more positive way the building up of the whole personality, physical and mental through a useful and purposeful activity will be more socially profitable. It may take a little time to establish Old People's Clinics analogous to Child Welfare Clinic but the introduction of special Geriatric Nurses who not only visit people in their own homes but also Darby and Joan Clubs and Old People's Welfare Committees, are steps in the right direction.

SPEECH THERAPY REPORT

The programme in the Speech Therapy Clinic has continued on similar lines to that of 1963. There have been approximately five sessions a week for treatment in the School Clinic, one of these being devoted to the treatment of pre-school children not attending a Nursery School. The Therapist is pleased to report that there is an increase in the referral of pre-school children to the Clinic through the Maternity and Child Welfare Clinic and from General Practitioners. In many of these cases we eliminate the difficulties arising from a child starting school with a severe speech defect.

The Therapist is continuing to attend North Parade Clinic once a week for the screening of the hearing of babies of 9 to 12 months.

In addition to the weekly visits to Bermerside and Quarry House School which have continued as in previous years, a weekly visit has been started to two of Mr. Ives' Special Classes at Akroyd Place School to treat any speech defective children.

The number of cases referred and the number of attendances appear to be less than last year, in actual fact these have been

approximately the same for each month but the Therapist was away from the Clinic from May until August owing to illness.

In February a visit was made to Moor House School in Surrey. This is a residential school for the treatment of speech defective children, particularly children having congenital aphasia. We do have some children in the Borough, with this defect to a milder degree and she found the visit most helpful.

**SPEECH THERAPY**  
**1954-64**

Children on waiting list ... ..	40
New cases referred ... ..	141
Cases discharged ... ..	66
Total attendances ... ..	1,259
School visits (including weekly visits to Bermer- side, Quarry House and Akroyd Place Special Class) ... ..	92
Reviews ... ..	85
Cases under treatment ... ..	76
Dyslalia ... ..	105
Dyslalia/Partially Deaf ... ..	4
Cleft Palate ... ..	6
Stammer ... ..	23
Stammer/Dyslalia ... ..	10
Lisp ... ..	13

The work of Mr. Crossland, L.D.S. in the care of teeth of Mothers and Children is supplied in the following return.

**DENTAL TREATMENT RETURN**

Forms of Dental Treatment provided	Expectant and Nursing Mothers	Children under 5
Scaling and Gum Treatment .. ..	2	17
Fillings .. ..	10	11
Silver Nitrate Treatment .. ..	—	2
Crowns and Inlays .. ..	—	—
Extractions .. ..	26	187
General Anaesthetics .. ..	3	121
Dentures provided: Full upper or lower .. ..	3	—
Partial upper or lower .. ..	1	—
Radiographs .. ..	2	—



(a) EXPECTANT AND NURSING MOTHERS PROVIDED WITH DENTAL CARE:—

No. examined in 1964	...	...	...	10
No. needing treatment	...	...	...	—
No. who commenced treatment in 1964	...			10
No. of courses of treatment completed in 1964	...	...	...	9

(b) CHILDREN UNDER FIVE:—

No. examined	...	...	...	72
No. needing treatment	...	...	...	70
No. who commenced treatment	...	...		69
No. of courses of treatment completed in 1964	...	...	...	65

### HOME NURSING

The Halifax and District Nursing Association carry out the Home Nursing Service as agents of the Corporation, which is adequate to meet the needs of the Borough. The Local Authority have equal representation on the Joint Committee.

The Nursing Association is a training school for the Queen's Institute of District Nursing and five nurses were successfully trained during the year.

1964 has been a singularly successful year in this section. Staffing has been excellent. Visits have increased by 2% over the year; again, two-thirds of the total have been to the over 60 age group and the need for heavier type of bedside nursing has been met.

### CLASSIFICATION OF CASES

	Cases	Visits
On books 1st January, 1964	541	—
Cases completed, 1963	1,916	—
Remaining cases, 31st December, 1964	549	—
Medical	1,800	56,466
Surgical	555	9,666
Tuberculosis	9	524
Pneumonia	18	161
Maternal Complications	8	59
Other—Gynaecological	77	1,275
Total cases, 1964	2,467	68,151
Total cases, 1963	2,541	67,508

Number of Nurses employed at the end of the year:—

Whole-time on Home Nursing 31 (incl. 5 student Nurses).

The effectiveness of the agency arrangement is kept in mind and I review Home Nursing from time-to-time.

# HALIFAX HOME NURSING SERVICE

1954—1964

(1) Year	(2) New Cases	(3) Total Visits	(4) Patients aged over 65 inc. Cols. (2) and (3)	
			Cases	Visits
1954	1,766	51,098	1,146	34,762
1955	2,020	58,098	923	38,570
1956	2,407	61,771	1,283	44,148
1957	2,272	62,203	832	43,332
1958	2,280	62,551	901	43,447
1959	2,230	59,939	855	41,669
1960	2,039	56,275	780	40,439
1961	2,161	59,306	1,199	41,316
1962	2,016	64,987	1,224	45,052
1963	1,955	67,509	1,378	44,504
1964	2,467	68,075	1,042	41,540

The new cases nursed have increased as have the total visits undertaken by nurses during the year. This may be associated to some extent with difficulties in securing the admission of certain categories to hospital. The medical cases represent the bulk of the work in the District Nursing Section mostly to the 65+ age group. Of necessity these are of long duration needing twice daily visits and the help of all available social services. The overall picture presented is of District Nursing which is continually changing and if the techniques of nursing may be less intense than in former years the nurses are frequently set to solve many of their patients' problems social and economic.

The nurse is no longer so dependent on the laundry services since she is more and more making use of paper pads and sheets for the nursing of incontinent patients. During the year 113 patients have benefitted from this service for varying periods of time.

This report being included in a section which is almost entirely devoted to the care of children, would be out of place, without mentioning the role of the District Nurse in the nursing of sick children. So often separation of the infant or young child from parents or home creates psychological trauma which may effect personality and emotional stability for the remainder of the life. Under Miss Savage's guidance children can be "specialled" at home and if any operative treatment is required an attempt is made to so order the nursing that most of the preparation is done at home and that the post-operative care is carried out in the home. Difficulties which beset the nursing service is the securing of suitably trained personnel for this work which contributes to the effectiveness of community care.

In my introduction I have mentioned the desirability of bringing about a closer working relationship between the District

Nursing Services, all of which from Queen's Nurses to Special Nurses and which includes Health Visitors and a small number of devoted male nurses, are under Miss Savage, and I have to report that during 1964, although there is very good co-operation between general practitioners and nurses, arrangements will be made for a system whereby the various nurses may attend doctors' surgeries so that precise instructions can be given as to the special nursing of children and a more intensive collaboration will be exercised in all branches of domiciliary nursing. The result of this will minimise the all too frequent use of hospital beds in cases where the treatment can be as effective in the home.

## VACCINATION AND IMMUNISATION

Many infants and young children continue to be immunised at maternal and child welfare clinics; others attend the General Practitioner for this purpose.

### DIPHTHERIA IMMUNISATION

Children under 5—

Diphtheria immunisation by means of the combined antigen (diphtheria, whooping cough and tetanus) was continued during the year at Child Welfare Clinics and by General Practitioners.

Triple antigen is given as a course of three injections, at four weekly intervals commencing when the child is three months old. Mothers attending the Welfare Clinics have the value of prophylactic immunisation explained, and are encouraged to make use of the facilities available. Children who have completed a primary course of triple vaccine are offered a booster dose at 18 months. This service has not been as complete as the initial course of injections owing to the attendances at Welfare Clinics falling off after the child has reached the age of one year. This is a general trend throughout the country. Nevertheless the figures for diphtheria inoculation which as stated is usually now combined with whooping cough and tetanus are well up on the 1962 and 1963 figures this year. This is fairly satisfactory though judging by the number of infants born there is still plenty of room for improvement.

### DIPHTHERIA

No. of Children who completed a full course of Primary Immunisation in the period ending 31st December, 1964.			Total No. of Children who were given a secondary or Reinforcing Injection
Age at date of Final Injection		Total	
Under 5	5—14		
1146	151	1297	During 12 months ending 31st December, 1964
			344

Concerning diphtheria immunisation of school children, details



of this service are supplied in a separate report on the School Medical Services.

**POLIOMYELITIS VACCINATION.**

The total number who have been vaccinated against poliomyelitis is approximately the same as last year. This is disappointing, particularly as the figures are appreciably lower than in 1961 and 1962. The trend is surprising as poliomyelitis vaccination is such a simple procedure. Three doses of the vaccine being given by mouth. Women who are pregnant are also entitled to this particular measure of protection.

Special evening clinics are held on the first Thursday of each month.

Children of school age are immunised at the school clinic or by doctors chosen by the parents. Details found in a separate report on the School Medical Service.

**VACCINATION AGAINST POLIOMYELITIS**

At the end of the year the following people had received two injections by :—

Local Authority Doctors	...	...	...	...	19,158
General Practitioners	...	...	...	...	13,432
Third injection	...	...	...	...	30,496
Fourth injections	...	...	...	...	12,987

**SMALLPOX VACCINATION.**

The public are kept constantly informed of the Ministry of Health's decision advising Local Health Authorities to change the age for vaccination from three months to between one and two years. It is found that the latter age group is associated with the minimum number of post vaccination complications. No doubt this change may be somewhat responsible for the unsatisfactory protection which is being accepted by the public for their children.

No. of persons Vaccinated (or re-vaccinated) during period :—

**Smallpox**

Age at 31st Dec. 1964	Under 1	1-4	5-14	15 or over	Total 1964	Gross Total
No. Vaccinated	46	281	8	19	354	15,423
No. Re-vaccinated	2	10	12	43	67	11,527

The numbers being vaccinated against smallpox are an improvement on the previous year but still far from good enough. In 1963 the figures were particularly low, relatively speaking, owing to the large numbers being vaccinated at the time of the Bradford outbreak in January to February 1962.

## B.C.G. VACCINATION

13 year age group year 1964—numbers tested, etc.

### SUMMARY

Number of children in this age group	1,473
Number of acceptances for B.C.G. ...	946
% of age group accepting ...	64.6
Number skin tested ...	923
% of acceptances tested ...	97.5
Attendances for inspection ...	907—Absences 16
% of total tested ...	100
of these—Positive ...	107 = 12.3%
Negative ...	800 = 87.7%
Of those inspected: Vaccinated ...	800
Referred X-ray ...	107
Attended X-ray ...	94
Result of X-ray:	
No radiographic evidence of disease	93
Referred to Chest Clinic ...	—
Referred to School M.O. ...	—
Re-called ...	1

The possibility of outbreaks of any of these serious diseases is still with us and it is most important that parents arrange to have their infants immunised and vaccinated where this is necessary. This applies to all children for all vaccines except in the case of tuberculosis where special tests for susceptibility by tuberculin testing has to be carried out first. Complete protection commences in the third or fourth month and may be completed at the age of fifteen by using B.C.G.

Booster doses of diphtheria and tetanus (combined) and poliomyelitis vaccine are normally given to children on school entry at age of five years.

Special tables have been introduced setting forth the number of Halifax persons in age groups who have been given primary course of injections, with the antigens used at the various years of birth together with details of those who have received triple antigen.

Arrangements for protecting emigrants to countries with Yellow Fever and Cholera have been made with Bradford County Borough and Halifax residents who require Vaccination against these diseases are directed there.

(b) COMPLETE PRIMARY COURSE

Vaccination Centre	ANTIGEN USED						Number of Persons	Number Immunized		
	Diptheria	Diptheria Whooping Cough and Tetanus Combined	Diptheria & Whooping Cough Combined	Diptheria & Tetanus Combined	Whooping Cough	Tetanus		Diptheria singly or in Combination	Whooping Cough singly or in Combination	Tetanus singly or in Combination
Child Welfare Centres	—	911	—	—	—	—	911	911	911	911
Schools & School Clinic	8	127	—	—	—	—	135	135	127	127
General Practitioners	—	263	—	—	—	—	263	263	263	263
Total	8	1301	—	—	—	—	1309	1309	1301	1301

(c) INCOMPLETE PRIMARY COURSE

Child Welfare Centres	—	28	—	9	—	4	41	28	28	41
Schools & School Clinic	21	26	—	76	—	42	165	26	26	118
General Practitioners	—	—	—	—	—	—	—	—	—	—
Total	21	54	—	85	—	46	206	54	54	159

(a) REINFORCING COURSE

Child Welfare Centres	—	139	—	48	—	1	188	187	187	188
Schools & School Clinic	—	53	—	32	—	—	85	85	85	85
General Practitioners	—	153	—	—	—	—	153	153	153	153
Total	—	345	—	80	—	1	426	425	425	426

COMBINED PRIMARY/REINFORCING COURSE

Child Welfare Centres	—	1050	—	48	—	1	1099	1098	1098	1099
Schools & School Clinic	8	180	—	32	—	—	220	212	212	212
Total	8	1230	—	80	—	1	1319	1310	1310	1311

(a) Reinforcing course.

(b) Complete primary course

(c) Incomplete primary course



# ANTIGENS USED TO IMMUNIZE HALIFAX CHILDREN AGAINST DIPHTHERIA, WHOOPING COUGH, AND TETANUS COMPLETE PRIMARY COURSE

YEAR OF BIRTH	ANTIGEN USED						NUMBERS IMMUNISED		
	Diphtheria	Diphtheria Whooping Cough & Tetanus Combined	Diphtheria & Whooping Cough Combined	Diphtheria and Tetanus Combined	Whooping Cough	Tetanus	Diphtheria (Singly or in Combination)	Whooping Cough (Singly or in Combination)	Tetanus (Singly or in Combination)
1964	—	552	—	—	—	—	552	552	552
1963	—	485	—	—	—	—	485	485	485
1962	—	62	—	—	—	—	62	65	62
1961	1	30	—	—	—	—	31	30	30
1960	—	17	—	—	—	—	17	17	17
Totals 1960-64 1950-59	1 7	1146 151	— —	— —	— —	— —	1147 158	1146 151	1146 151
Totals 1950-64	8	1297	—	—	—	—	1305	1297	1297

# REINFORCING COURSE

1964	—	2	—	—	—	—	2	2	2
1963	—	4	—	—	—	—	4	4	4
1962	—	72	—	—	—	—	72	72	72
1961	—	7	—	—	—	—	7	7	7
1960	—	34	—	—	—	—	34	34	34
Totals 1960-64 1950-59	— —	119 225	— —	— —	— —	— —	119 225	119 225	119 225
Totals 1950-64	—	463	—	—	—	—	463	463	463

## COMBINED PRIMARY/REINFORCING COURSE

Totals 1950-64	—	—	—	—	—	—	—
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# DIPHTHERIA IMMUNIZATION NUMBERS OF HALIFAX PERSONS, IN AGE GROUPS, GIVEN PRIMARY COURSE OF INJECTION

Year of Birth	YEAR OF IMMUNIZATION																Total	Totals in Age Groups
	1928 1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964		
1964	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	552	552	Total under Five years at end of 1964 4801
1963	—	—	—	—	—	—	—	—	—	—	—	—	—	—	415	485	900	
1962	—	—	—	—	—	—	—	—	—	—	—	—	—	348	470	62	916	
1961	—	—	—	—	—	—	—	—	—	—	—	—	437	347	45	30	859	
1960	—	—	—	—	—	—	—	—	—	—	—	856	577	107	17	17	1574	
1959	—	—	—	—	—	—	—	—	—	—	704	141	102	13	18	29	1007	Total 5-15 years at end of 1964 8494
1958	—	—	—	—	—	—	—	—	—	424	179	75	58	18	23	57	834	
1957	—	—	—	—	—	—	—	—	600	186	34	50	53	15	30	18	986	
1956	—	—	—	—	—	—	—	479	197	25	25	39	73	30	11	7	886	
1955	—	—	—	—	—	—	398	224	38	33	13	20	51	21	9	7	814	
1954	—	—	—	—	—	495	236	51	20	13	8	15	33	7	5	3	886	
1953	—	—	—	—	584	210	29	28	25	17	4	6	22	8	4	21	958	
1952	—	—	—	634	203	39	29	29	16	8	2	6	9	12	2	4	993	
1951	—	—	441	218	60	38	33	35	12	1	1	2	8	22	2	4	877	
1950	—	—	—	66	56	41	51	19	5	1	1	2	4	6	—	1	253	
Pie 1950																		
Totals			441	918	903	823	776	865	913	708	971	1212	1427	990	1051	1297	13295	

## SECTION IV

AMBULANCE SERVICE

SOCIAL WELFARE and

OTHER REPORTS



## THE AMBULANCE SERVICE

The Service has continued to operate in accordance with the provisions of Section 27 of the National Health Service Act, 1946, as amended by Section 24 of the National Health Service (Amendment) Act, 1949.

### VEHICLES IN SERVICE 31st DECEMBER, 1964.

- 7 Austin Ambulances LD 4
- 1 Morris Ambulance LD 4
- 1 Morris Sitting case Ambulance J Type
- 1 Austin Gypsy Ambulance

### ESTABLISHMENT AT THE END OF THE YEAR

- 1 Ambulance Officer
- 4 Shift Leaders
- 19 Driver/Attendants
- 2 Telephonists

From the attached tables you will see that the increase which has been noted for the past five years is continued in 1964. We carried more patients, did more journeys, and travelled more miles. To my mind this trend is likely to continue for some time yet. I think that one of the largest factors in this is brought about by increased community care whereby more journeys are made to clinics and centres.

The statistics show an increase in almost every section as compared with 1963.

The number of miles travelled increased by 5,016, the number of patients carried by 2,553, and the number of journeys by 574.

The staff hasn't been increased nor has the fleet, but it is becoming more and more difficult to provide a service of the kind expected by the public at large and the hospital authorities. In order to fulfill our obligations it is necessary to carry as many patients on each journey as it is possible. Consideration is given to types of cases, seriously ill patients are afforded as much privacy as is possible, and of course infectious cases are transported singly.

The Out-Patient demand on the service has increased considerably by something like 2,700 patients. It was in regard to this that the Medical Officer of Health and myself negotiated with the Hospital Management on the basis of the O & M report on Out-Patients Depts. to get some system into the ordering of transport cases. We did have some measure of success. But it is extremely difficult getting another Service to think as we do.

Accidents have increased and so has the severity of the injuries received. This in the long term puts more work onto the ambulance service. Patients are in need of longer after-care and are usually so badly injured that they need transport for long periods of time.

The day hospital patient is still causing quite a lot of work, and, according to the hospital authority, will create more in the future when their own ten year plan begins to bear fruit. This type of patient is usually an elderly person who would, under normal circumstances, be eligible for admission to a Geriatric ward, but with the present acute bed situation this is not possible, so they attend hospital daily, and remain in the hospital all day.

There doesn't seem to be any sign of the demand for ambulances decreasing. One wonders when looking at the Out-Patient figures if, in fact, all these people really needed an ambulance. This is one of the great dilemmas, who is to say no. If the hospitals refuse a patient transport then they go to their own G.P. and put the onus on him. I know that G.Ps. are very perturbed about this anomaly. But what is the answer?

Mileage involved in coping with journeys to the West Riding under the Calder Valley Agreement has increased by something like 5,000 miles. This area is largely rural, and ambulances are involved in long journeys through sparsely populated country to collect patients and take them to hospital and home again. The time taken adds to the burden already placed on the service.

Patients travelling long distances are, when possible, transported by train and ambulance, usually escorted by a member of one of the Voluntary Organisations, Red Cross or St. John. I am grateful to these organisations for the help they afford. The number of patients so transported in 1964 was 87, estimated mileage of 5,282. I have also for nine months of the year had the use of the Hospital car service. This organised by the Red Cross and this service helped me with 111 patients and travelled 5,996 miles. Usually to places without a rail service or with patients not suitable for rail transport.

I have also been assisted by the Transport manager and his staff with the conveyance of patients of the Mental Welfare Dept. in the Depts. cars to Mental Hospitals, and also in the fleet maintenance, which is carried out at Water Lane Depot. I wish to thank the Manager for his co-operation and help given.

I would like to express my appreciation to the Medical Officer for his help and the interest he shows in the running of the service, also to his staff without whose co-operation it would be impossible to function efficiently.

The whole staff of the Ambulance Service itself is worthy of praise in the way they carry out their duties, sometimes arduous and not always pleasant. All the drivers are fully qualified in First Aid, and attend annual courses of revision at the ambulance station under my supervision.

The fleet is made up of 7 L.D. Austin Ambulances, 1 Morris Ambulance L.D. 1 J. Type Sitting case Ambulance and 1 Austin Gypsy, Four wheel drive ambulance.

The following summary is a record of the work done by the service fleet over the past ten years.

WEST RIDING COUNTY COUNCIL MILEAGE

			Ambulances	Car/Ambulances
1964	...	...	34,578	6,115
1963	...	...	29,372	6,392

TRANSPORTED BY RAIL  
 No. of Patients 87  
 Estimated Mileage 5,282

Year	No. of Vehicles in service 31st Dec.		Total No. of Journeys during the year	Total No. of Patients carried during the year	No. of Accidents and other Emergency Journeys inc. in Col. 3	Mileage during the year	Total Mileage for the year
1955	Ambulances	8	9,297	14,532	928	82,454	133,852
	Cars	2	4,543	12,932	20	51,398	
	Car. Amb.	1					
1956	Ambulances	6	7,448	14,627	1,058	69,241	126,845
	Cars	1	4,646	13,268	430	57,604	
	Car Amb.	4					
1957	Ambulances	5	4,560	10,431	2,069	42,245	116,738
	Car Amb.	5	6,641	14,913	1,982	74,493	
1958	Ambulances	5	5,261	14,478	2,162	53,380	123,165
	Car Amb.	4	5,754	14,371	1,942	69,785	
1959	Ambulances	5	5,741	15,789	2,066	60,904	123,360
	Car Amb.	4	5,088	12,931	1,675	62,456	
1960	Ambulances	5	6,104	16,761	2,156	65,771	128,654
	Car Amb.	4	5,066	13,099	1,760	62,883	
1961	Ambulances	7	9,398	25,108	2,907	105,309	135,439
	Car Amb.	3	2,430	6,921	275	30,130	
1962	Ambulances	8	9,435	26,447	3,103	113,504	145,383
	Car Amb.	2	2,450	8,045	110	31,879	
1963	Ambulances	8	10,670	31,039	2,982	130,365	156,236
	Car Amb.	2	1,896	7,434	42	25,871	
1964	Ambulances	9	11,443	33,864	2,999	137,427	161,252
	Car Amb.	1	1,697	7,162	36	23,825	



1964	Journeys	TYPE OF PATIENT				MILEAGE		
		Recumbent	Sitting	Carried in Ambulance	Carried in S/Case vehicle	Ambulance Mileage	S, case vehicle Mileage	
January .. ..	1,098	728	2,660	2,493	895	10,381	2,683	13,064
February .. ..	1,044	700	2,634	2,529	805	10,192	2,286	12,478
March .. ..	1,123	675	2,462	2,409	728	10,385	2,541	12,926
April .. ..	1,153	683	2,847	2,753	777	10,900	2,335	13,235
May .. ..	1,135	698	2,680	2,651	727	11,032	2,259	13,291
June .. ..	1,085	662	2,910	2,616	956	10,432	2,600	13,032
July .. ..	1,048	711	2,393	2,687	417	11,465	1,465	12,930
August .. ..	1,059	679	2,505	2,816	368	11,897	1,396	13,293
September .. ..	1,111	694	2,861	3,131	424	12,456	1,781	14,237
October .. ..	1,091	755	2,925	3,261	419	12,703	1,591	14,294
November .. ..	1,076	735	2,879	3,312	302	12,983	1,336	14,319
December .. ..	1,117	812	2,738	3,206	344	12,601	1,552	14,153
TOTALS .. ..	13,140	8,532	32,494	33,864	7,162	137,427	23,825	161,252

# CATEGORIES

1964	Street Accidents	Street Illnesses	Works Accidents	Works Illnesses	Home Accidents	Maternity	Obstetrical	Mental	House Transfers	Hospital Transfers	Out Patients	Admissions	Discharges	Totals
January ..	50	20	4	3	37	88	27	0	15	105	2,521	357	161	3,388
February ..	50	21	6	8	55	62	18	0	5	90	2,525	326	168	3,334
March ..	57	23	5	8	47	79	14	0	10	93	2,346	303	152	3,137
April ..	61	26	7	9	53	67	26	0	15	75	2,751	317	123	3,530
May ..	70	24	15	8	65	79	21	1	14	84	2,563	295	139	3,378
June ..	55	16	10	4	63	69	17	1	18	102	2,817	275	125	3,572
July ..	79	25	1	6	55	62	11	0	20	84	2,377	274	110	3,104
August ..	72	25	7	2	61	62	17	0	15	77	2,396	301	149	3,184
September ..	86	24	7	3	64	51	18	0	13	73	2,823	273	120	3,555
October..	104	24	7	5	54	49	11	0	13	63	2,916	289	145	3,680
November ..	58	23	6	10	32	53	14	1	8	85	2,832	326	166	3,614
December ..	64	22	9	6	39	68	17	5	3	72	2,695	371	179	3,550
Totals ..	806	273	84	72	625	789	211	8	149	1,003	31,562	3,707	1,737	41,026

## CONVALESCENT HOME TREATMENT

Convalescent Home Treatment is available for those who need a period of recuperation before returning to their normal duties. A medical certificate is obtained from the patient's own doctor recommending a period of convalescence and, if no actual treatment is required, the applications are dealt with as vacancies occur in the Home at St. Annes-on-Sea. Twenty-three cases were admitted during 1964.

## LOAN EQUIPMENT

During 1964, 236 patients were issued with various items of loan equipment. The most called for items included air-rings, bed pans, bed rests and mackintosh sheets. In addition, urinals, bed cradles, wheel chairs, crutches, feeding cups were issued. Our present list of loan equipment includes the following items:—

Air Rings	Mackintosh Sheets
Bed Rests	Urinals
Bed Cradles	Wheel Chairs
Bed Pans	Bed Tables
Crutches	Latex Foam Mattresses
Feeding Cups	Commodes

Special equipment is provided for paraplegics for use at their own homes.

## HEALTH EDUCATION

Twenty lectures were given to societies by myself and/or members of my staff on:—

- Food Hygiene
- Prevention of accidents in the home
- Prevention of diseases
- Health Department administration
- Mental Health
- School Health
- The Adolescent
- The Backward Child
- Clean Air
- Hospital After-Care
- Home Helps

Use is made of flannelgraphs, film strips and other visual aids. Health education on the dangers of smoking and lung cancer is given at schools by school doctors and teaching staff in addition to the propaganda directed by public lectures.

## LAUNDRY

The continuation of a laundry service for the aged was considered by the Health Committee in late 1963, when the Service provided by the Old People's Welfare Committee, ceased. After scrutiny of the replies to a questionnaire sent to various



authorities, re their views on a laundry service, it was decided to adopt an incontinent pad service. The pads, with special paper bags, are distributed under our Nursing arrangements under Section 28 of the National Health Service Act, to appropriate applicants where there are nursing or hygienic difficulties in the home arising out of disease or chronic disability. Collection of the used materials is by the Sanitary Section either at fixed points or in certain collecting places, e.g. at Kirby Leas or the North Parade Clinic.

### CHIROPODY

During 1964, the two Chiropodists completed 477 sessions, 320 by Mr. Luxton, and 157 by Mr. Akroyd. The number of sessions was increased in April which enabled the Chiropodists to deal more adequately with the increasing demand for the Service. During the year 226 new cases were referred for treatment as against 215 in 1963. These were made up of 171 aged, 37 handicapped and 18 ante-natal cases. Together, the Chiropodists completed 2,753 follow-up treatments and a total of 2,946 treatments were given. To supplement treatments given in the patients' homes, Mr. Luxton gave 492 treatments at the North Parade Clinic. In all 2,454 visits were made to patients' homes by the Chiropodists.

The demand for the Service is perpetually on the increase which makes it more and more difficult to give treatments within a period of less than eight weeks. Many of the patients require treatment more frequently, but this could only be made possible by increasing the number of sessions.

The following statistics, showing comparative for 1963 in parentheses, gives some indication of the all round increase in the work:—

Total No. of sessions	...	...	477	(333)
New cases referred:				
Aged	...	...	171	(165)
Handicapped	...	...	37	(37)
Ante-natal	...	...	18	(13)
		Total	226	(215)
Total No. of treatments	...	...	2,946	(2,224)
Total No. of visits	...	...	2,454	(1,924)
Total No. of treatments given at				
Clinic	...	...	492	(300)

### NATIONAL ASSISTANCE ACT, 1948.

No cases were removed to hospital under Section 47 of this Act. About 5 old people were recommended for compulsory admission but they were persuaded to go in voluntarily.

# FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

(Information provided by the Chief Welfare Officer)

Mr. F. W. Busfield

	Causes of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
1. Number of cases registered during year in respect of which Paragraph 7 (c) of Form B.D.8. recommends:				
(a) No treatment	2	—	—	2
(b) Treatment (Medical, Surgical or Optical)	12	1	—	6
2. Number of cases at (1) (b) above, which on follow up action have received treatment.	11	1	—	6

## EPILEPSY

At the 31st December, 1964, twenty-seven persons suffering from epilepsy were known to the Welfare Services Department. Four of these were also registered blind persons and four persons had the dual handicap of suffering from cerebral palsy.

Four persons were under the care of the local authority in residential accommodation provided under Part III of the National Assistance Act, 1948, and two boys were attending special schools.

## CEREBRAL PALSY

Thirty eight persons handicapped by cerebral palsy were registered as handicapped persons at the 31st December, 1964. Of these, three were in residential accommodation at White Windows Cheshire Home, Sowerby Bridge, and ten children were attending special schools.

Twelve persons in the young adult age group were attending daily the workshops of the Halifax Spastics Society, transport in a specially adapted bus being made available by the Welfare Services Committee. These persons are fully engaged on industrial work in the workshops and social activities are also provided for them by the local society.

The Welfare Officer for handicapped persons is available to assist all handicapped persons with their many problems and to advise them on the services available, statutory and voluntary, to assist them in overcoming the effects of their disability.

## WATER SUPPLY

### Data provided by the Waterworks Engineer & Manager

The QUANTITY of water supplied by the Board was adequate for all consumers both domestic and industrial. 618 bacteriological analyses were carried out on water samples taken from several points in the distribution system and in each case these indicated that the bacteriological QUALITY was highly satisfactory.

#### CHEMICAL ANALYSES.

Chemical analyses were carried out on six samples of Thrum Hall filtered water at intervals throughout the year. The average values appear below.

Total solids dried at 180°C.	...	...	...	...	88
Chlorine (Chlorides)	...	...	...	...	12.5
Free Ammonia	...	...	...	...	0.09
Albuminoid Ammonia	...	...	...	...	0.11
Oxygen absorbed in 4 hours at 80°F.	...	...	...	...	0.17
Temporary Hardness (as Ca CO <sup>3</sup> )	...	...	...	...	6
Permanent Hardness (as Ca CO <sup>3</sup> )	...	...	...	...	28
Nitrous Nitrogen	...	...	...	...	NIL
Nitric Nitrogen	...	...	...	...	0.33
Lead in solution	...	...	...	...	NIL
Lead absorbed in 24 hours	...	...	...	...	NIL
Manganese	...	...	...	...	0.14
Iron	...	...	...	...	0.05
pH value	...	...	...	...	8.7
Colour — Hazen units	...	...	...	Less than 5	
Turbidity — Silica Scale	...	...	...	...	NIL
Total residual chlorine	...	...	...	...	0.26
Free Carbon Dioxide	...	...	...	...	NIL
Calcium Hardness (as Ca CO <sup>3</sup> )	...	...	...	...	21

All results expressed in parts per million.

Eight chemical analyses were carried out on raw water arriving at Thrum Hall from Victoria and Albert Reservoirs, the average values of which are given below.

Total Solids (dried at 180°C.)	...	...	...	...	81
Chlorine (Chlorides)	...	...	...	...	13.5
Free Ammonia (N)	...	...	...	...	0.10
Albuminoid Ammonia (N)	...	...	...	...	0.12
Oxygen absorbed in 4 hours at 80°F.	...	...	...	...	0.79
Temporary Hardness (as Ca CO <sup>3</sup> )	...	...	...	...	NIL
Permanent Hardness (as Ca CO <sup>3</sup> )	...	...	...	...	27
Nitrous Nitrogen	...	...	...	...	NIL
Nitric Nitrogen	...	...	...	...	0.29
Lead in solution	...	...	...	...	NIL



Lead absorbed in 24 hours ...	...	...	...	...	7.0
Manganese ...	...	...	...	...	0.20
Iron ...	...	...	...	...	0.42
pH Value ...	...	...	...	...	4.5
Colour — Hazen units ...	...	...	...	...	16
Turbidity — Silica Scale ...	...	...	...	...	6
Total residual chlorine ...	...	...	...	...	—
Free CO <sup>2</sup> ...	...	...	...	...	9.1
Calcium Hardness ...	...	...	...	...	14

All results expressed in parts per million.

The treatment at Thrum Hall Filter House includes addition of lime and sodium aluminate before filtration, and lime and chlorine after filtration. Approximately 9 million gallons of water are treated daily and the addition of chemicals is checked and adjusted daily.

#### NUMBER OF DWELLING HOUSES AND POPULATION SUPPLIED.

(a) Direct to the house ...	...	...	33,000	96,000
(b) By means of stand pipe ...	...	...	2	

#### SEWAGE

(Information supplied by the Sewage Works Manager)

#### SEWAGE PURIFICATION

The efficient purification of domestic sewage and industrial wastes is an important and essential link in the chain of public health services.

All drainage from the Borough, with the exception of certain fringe areas referred to later, eventually arrives at the Purification Works sited at the lowest point in the town on three separate but adjacent areas of land at Salterhebble, Copley, and North Dean.

Apart from the small volume from Copley village which has to be raised to the level of the Works by means of sewage ejectors, the liquid wastes gravitate to the Works, where they are purified to the requirements of the Yorkshire Ouse River Board before discharge into the River Calder.

The method of purification in use consists of acid precipitation and settlement followed by biological oxidation effected partly by bacteria beds and partly by activated sludge units. Because of the need to deal with 97 discharges of industrial wastes from 81 different premises in the Borough, in addition to the normal domestic sewage, the Works have to be about twice the size that would otherwise be required.

The solid residues, extracted in the form of sludges during

purification, are mechanically dewatered and processed to yield by-products in the form of sterile, pulverised, organic fertilisers and industrial grease. These are subsequently sold thereby effecting complete and positive disposal of these otherwise objectionable residues, in a hygienic manner which also produces an income that makes a useful contribution to the overall cost of operating the Works.

During 1964, a total volume of 1,988,140,000 gallons of sewage and industrial wastes were given full treatment, an average of 5,447,000 gallons for each day of the year, from which 43,481 tons of liquid sludges were extracted yielding after processing 2,776 tons of organic fertilisers and 273 tons of grease.

The parts of the Borough which are in different catchment areas and therefore do not drain to the Halifax Purification Works, referred to above, are the Warley and Luddenden district which drains to the Works of the Luddenden Foot Joint Sewerage Board on which Halifax is represented, and the Northowram area which by agreement drains to the Works of the Brighouse Corporation.

Schemes to modernise and extend the Halifax Works, parts of which are now more than 60 years old, were produced during the year and forwarded to the Ministry of Housing and Local Government. These involve the expenditure of a fairly large sum of money, which is absolutely essential if the worn out and obsolete plant and equipment is to be replaced with new, and its capacity extended to enable it to comply with the requirements of the Yorkshire Ouse River Board in respect of the volume to be treated and the standard of the effluent required for discharge into the River Calder.

## PUBLIC CLEANSING SERVICES

### (Information received from the Director of Public Cleansing)

This report covers the year 1st January, 1964 to the 31st December, 1964, it being the second annual report of the combined departments, namely, Cleansing and Transport.

The integration of the two departments has proceeded steadily throughout the past year, the main feature being, the centralisation of administration at the Water Lane Depot. Whilst there have been teething troubles, these are now being eliminated, and progress is being made on a smoother basis.

Once again the progress during the past twelve months has not been easy, there have been one or two incidents but fortunately, good sense has prevailed and difficulties have been ironed out by discussions round the Committee table. As the Chairman said at the annual View Day, the improvements have not been brought about by the mere waving of a wand; it is not claimed that the method we have adopted to deal with various problems that have



arisen are either the ideal or the only solution. They do however, represent an attempt to give the citizens of Halifax a reasonable and efficient service at an economical cost, with emphasis on service, but I am sure that the members of my authority will welcome outside opinions and criticism on any aspect of their department's activities. We have tried to inform the public at every opportunity of what we are attempting, and as I have stated before, the response has been wholehearted.

#### REFUSE COLLECTION.

1964 has seen the completion of the re-organisation of the Refuse Collection service, which has resulted in a weekly collection, and with the exception of the Holiday periods, this has been maintained. Even then, it has only taken approximately two weeks to get the service back to what we now term 'normal'. Wherever possible, large containers are being put into operation, and are proving a great help towards speed, efficiency and hygiene. There are now approximately three hundred large containers in service within Halifax and it is hoped to increase this number considerably during the next two years.

The scheme introduced to collect paper separately from the general refuse in one area of the town, has gone wonderfully well. The yield has been steady, and runs at between ten to fifteen pounds of paper per household per week, this is an exceptionally good figure. The reason why there has been no great extension to this service is that great care has to be taken, and long term study taken to prove that the weight of paper will remain constant.

The department has tried to give as much publicity as possible about the free collection of household articles such as furniture etc. but despite all efforts in this direction, there is still the minority that prefer to throw these articles on to open ground and into corners rather than take them to the tip. I personally, had the experience of finding a gentleman depositing an arm-chair within fifty yards of the tip itself. When asked why he did not take it onto the tip, his reply was, "I did not know that you took them". The calls on the department during 1964 have been heavier than what they were in 1963, and whilst refuse is getting bulkier and lighter, the amount collected during 1964 was three thousands tons more than 1963. It certainly looks as though people and industry are making more refuse.

The introduction of new Refuse Collection vehicles into the service has proved very beneficial, and the Committee's policy of purchasing specialist vehicles for specialist work is carried out wherever possible.

#### REFUSE DISPOSAL.

Controlled Tipping as a method of disposal was adopted in 1963 and has continued smoothly throughout 1964. Strict rules



have been laid down as to how this method of Controlled Tipping should be done in Halifax; these are being adhered to. Faults can be found in any method of Refuse Disposal, but any faults at Birks Hall are cut down to an absolute minimum. Every effort is being made to make the Birks Hall Tip into a pleasant view both by sowing grass seed—this not only makes the site more pleasing, but also binds the earth on the side of the Tip—and planting of trees at regular intervals. In previous years, weeds have been a head-ache, but with the co-operation of two major firms who deal in weed-killer, efforts are being made this year, to eliminate the weeds at Birks Hall, particularly the Rose Willow herb.

The year also saw the start of lowering the level of the present playing field; this work is also proceeding smoothly.

Frequently, requests are received from traders to help them with the disposal of their waste materials. Everything possible is done to help them and where we cannot help them by disposal, every effort is made to advise them on the best means of disposal.

#### PAPER SALVAGE.

Production of Waste Paper has shown a remarkable improvement, the increase from 1962/3 of six hundred and fifty tons, to 1963/4 eight hundred and ninety-eight tons, the revenue being £5,995 and £6,908 respectively. Further plans have been made for an increase in salvaging activities and it is hoped that by mid 1965, a great step forward will have taken place in both efficiency and production.

#### DUSTBIN PROVISION SCHEME.

The bin hire scheme continued to operate well throughout the year, the total number of bins installed in the year 1st January 1964 to 31st December, 1964, was 1530  $2\frac{1}{4}$  cu. ft. bins and 60  $1\frac{1}{4}$  cu. yd. containers.

#### STREET CLEANSING.

This service has proved an extremely difficult one to keep going during the year 1964, this being due to the inability to obtain labour to carry out the work. However, a little re-organisation was made on the mechanical sweeping section which resulted in some roads being swept more often. The Mobile Sweeping gang which was put into operation during 1963, carried on its good work during 1964 and during the spring of the year, some of their work was followed up by the use of weed-killer, this operation has proved extremely successful, and the policy adopted for future years.

A great increase in volume of traffic on the roads is causing a very serious problem in respect of street cleansing. It is virtually

impossible to cleanse main roads and bus routes to satisfaction during the day-time. Night sweeping has been attempted, and has proved very successful but unfortunately, there have been complaints from the public as to the amount of noise that is made.

Taking these complaints into consideration, we are still pursuing the policy of night sweeping, and to reduce the noise to an absolute minimum, for it must be understood, this job has got to be done. An experiment was tried during the summer in which a Gully Emptier, equiped with street washing equipment, was used to wash the streets instead of sweeping them. This proved highly successful and with the introduction of another machine in 1965, it is hoped to carry out more street washing.

An attack on the litter problem was made during the year, when a hundred and fifty Litter Receptacles were placed at various points within the town, and the results have been very encouraging indeed. The amount of litter collected in this manner shows that the public are co-operating in helping to keep the roads tidy. There has been criticism of the shape and size of these Litter Receptacles, and one person has gone so far as to say that he doesn't know which is the worst, the litter on the streets or the Litter Receptacles. Whilst I accept the criticism of the shape and size of the bin, there is no doubt whatsoever in my mind as to where litter should be; definitely not on the streets of the town of Halifax.

Another problem which has arisen during 1964, is the disregard of building contractors of the amount of spoil that is deposited on the road-ways by vehicles proceeding to and from the building sites. Whilst some of the contractors respond to requests to clean up the roads, there are others that have to be forced into the cleansing work. In this day and age, there should be no need for the Corporation to spend time chasing contractors to get them to do what is their duty.

What one might call a normal winter was experienced during the year, there being falls of snow early and late in the year, and for the third year running, Christmas holidays have been interrupted by snow falls. No praise is too great for the men who broke into their holiday in order to combat the snow conditions. The introduction of pre-salting the roads has more than paid dividends, and I think it is the general public's opinion that the conditions of the roads during inclement weather is improving each year. I sincerely hope that our organisation and luck will hold in future emergencies, bearing in mind that nature is a very fickle enemy to combat.

The introduction of snow fences where snow drifting took place, has been very successful, and for the commencement of the 1964/5 winter, another three quarters of a mile of fencing was erected at various spots within the Borough. Everything humanly possible is being done in order that there is a minimum of delay to transport when snow conditions prevail.

## OPERATIONAL STATISTICS

### REFUSE COLLECTION & DISPOSAL

	1962/3.	1963/4.
Refuse collected ... ..	29,970 tons	30,758 tons
Refuse disposed of ... ..	31,410 „	36,016 „
Percentage of Refuse Collected	29%	25%
Cwts. per 1000 population per day. (365 days to year).	17.1 cwts	19.4 cwts
Number of premises from which refuse is collected ... ..	36,750	38,900
Premises from which collections are made at least once per week ... ..	10% of total	100% of total

#### METHODS OF DISPOSAL.

Controlled Tipping ... ..	71%	75%
Separation & Incineration ...	29%	25%

### MEDICAL EXAMINATIONS

The Medical Officer of Health is Medical Referee for the Corporation Superannuation and Sickness schemes. More and more, the work takes on the character of a welfare medical service for the Corporation officials and, on several occasions, with the co-operation of other chief officers, rehabilitation measures have been proposed to employees in industrial cases.

The undermentioned medical examinations were carried out during the year by the medical staff of the local authority:—

Examinations for employment and superannuation ...	366
Ministry of Education examinations—	
Form 28 R.Q. ... ..	56
Form 4 R.T.C. ... ..	82
Examinations on behalf of other local authorities ...	8
Medical examination of employees following prolonged absence due to sickness ... ..	31
Examinations for admission to Outward Bound Schools	—
	543

### PUBLIC MORTUARY

The Mortuary is situate in Hall Street. There were 155 P.M.'s performed during 1964.

### CREMATIONS

The Medical Officer of Health is the Medical Referee.  
(Information supplied by the Manager and Registrar, Parks and Cemeteries Department).



## NUMBER OF CREMATIONS

Total number of Cremations since the opening of Crematorium to 31st December, 1964 ... ..	13,103
Total number of Cremations for the year 1964 ...	1,553

## DISPOSITION OF REMAINS FOR THE YEAR 1964

Scattered or buried in Grounds ... ..	1,398
Placed, or to be placed, in Niches ... ..	—
Placed, or to be placed, in Graves ... ..	—
Taken away by representatives ... ..	155
Awaiting instructions for disposal ... ..	—

There were 830 cremations of Halifax residents during the year.

## INSPECTION OF WATER

### DOMESTIC SUPPLIES

The Health Dept. has sampled various domestic supplies.

During the year, 33 samples of water were taken mainly from houses with private supplies in outlying areas. In 4 of the cases the samples were taken in connection with applications for Improvements or Standard grants.

Six of the samples were satisfactory, 7 not wholly satisfactory, and 9 were reported as not safe for human consumption.

Steps were taken to trace the source of pollution. Filters were put on one supply and another supply was dispensed with following connection to the mains supply.

The analyses of the filtered water showed the quality to be satisfactory.

### FILTRATION

The filtration process at Thrum Hall consists of an initial treatment with lime and sodium aluminate, in order to coagulate the colour and other impurities, followed by filtration through sand and gravel pressure filters, together with a further dose of lime to correct the remaining acidity and remove the plumbo-solvent action of the water. A final dose of one third of a part per million of Chlorine is added to remove any bacteria remaining after filtration.

The process at Ogden is similar, except that sodium carbonate solution is used instead of lime.

Approximately 8½ million gallons of water are filtered and treated daily at Thrum Hall and approximately 600,000 gallons daily at Ogden Filter House.

The doses of chemicals are checked daily, and adjusted if necessary.

The filtered water is tested bacteriologically every working day at Thrum Hall, and weekly at Ogden. Roils Head water is

tested daily and Ogden Kirk and Brookfoot filtered water reservoirs at regular intervals.

As no coliform bacteria were detected in the filtered water during the year, no special action was needed to counter contamination.

Plate counts in nutrient agar medium at 22°C. and 37°C. are also carried out daily, any increase in count above the normal level giving an indication of the falling efficiency of filtration.

When this occurs the doses of coagulant and chlorine are adjusted, the filters washed out, and prechlorinated, in order to restore the plant to full working efficiency.

#### NUMBER OF DWELLING HOUSES AND POPULATION SUPPLIED

(a) Direct to the house—33,000 houses. Population 96,000

(b) By means of stand pipe—5 houses.

#### DOMESTIC SUPPLIES

The Health Department has sampled various domestic supplies.

During the year, 22 samples of water were taken, some from the mains supply and others from private supplies in outlying areas. In four of the cases the samples were taken in connection with applications for Improvement or Standard Grants.

Six of the samples were satisfactory, seven not wholly satisfactory, and nine not safe for human consumption.

Steps were taken to trace the source of pollution and a scheme is in course of preparation to extend the water mains in some instances. In other cases where rust and corrosion were a source of nuisance, arrangements were made with the Water Board to flush out the affected mains at regular intervals.

#### RODENT CONTROL

From information supplied by Mr. A. W. Perry,  
Chief Public Health Inspector

During the year 463 complaints of rats and 638 of mice were received and treatments were carried out as shown below:—

	Rats	Mice	Total
Local Authority Premises ...	105	220	325
Corporation Houses ...	14	199	213
Private Business Premises ...	179	571	750
Private Dwelling Houses ...	433	784	1217
TOTAL	731	1774	2505

It is estimated that 2,700 rats were killed.

No charge is made for the service to householders, but business premises are charged at a rate of 8/- per hour. Normal

treatment (as recommended by the Ministry of Agriculture, Fisheries and Food) consists of a bait of a blood anti-coagulant, "topped up" until there are no more "takes."

Two treatments of the town's sewers were carried out during the year, both were with Fluoroacetimide 1081, and were carried out by contract, supervised by the Borough Engineer. The first treatment was of 1,000 manholes, of which 114 were post-inspected. These showed a 14.9% complete take, 45.6% part take and 37.7% no take. A second treatment of these areas showing a residual infestation was carried out later. 1277 manholes were treated and 130 were post inspected. 15.4% showed complete takes, 28.5% showed part takes and 56.6% showed no take. The contract provides for a further treatment of the sewers in 1965.

Two joint meetings of the Workable Area Committees, Nos. 2, 3 and 4 were held at Halifax. Representatives came from the Skipton and District and from the Wakefield, Morley and Dewsbury Districts. Senior officers of the Ministry of Agriculture, Fisheries and Food addressed members on 'Rats in Rural Areas' and 'The Pesticides Safety Precautions Scheme.'

Two joint meetings of representatives of each of the five Workable Area Committees in Yorkshire were held in Leeds. These meetings were convened by the Ministry of Agriculture, Fisheries and Food to co-ordinate the work done in each area.

## INDUSTRIAL HEALTH

The Halifax Industrial Health Committee has not met since my last report was published.

## FACTORIES

**From information supplied by Mr. A. W. Perry,  
Chief Public Health Inspector**

H.M. Inspector of Factories sent 22 notices (comprising 23 items) under Section 9 of the Factories Act, 1961. In addition there were 18 complaints (25 items) brought forward from 1963.

Of these 38 complaints (46 Items) were remedied during the year and 2 complaints (2 Items) from H.M. Inspector of Factories were outstanding at the end of the year.

The Public Health Inspectors found and remedied 10 other defects.

There were 23 outworkers on the register at the end of the year. Three cases of default in sending lists to the Council were discovered (Section 133), and the firms were written to. There were no cases of outworkers being carried on in unwholesome premises (Section 134).



# PART VIII OF THE ACT

## Outwork

(Sections 133 and 134)

Nature of Work (1)	Section 133			Section 134		
	No. of outworkers in August list required by Section 133 (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecution (7)
Wearing ) Making apparel ) etc.	23	3	—	—	—	—
) Cleaning ) and ) Washing	—	—	—	—	—	—
Total	23	3	—	—	—	—

TABLE XXVII

### Inspections for Purposes of Provisions as to Health

Premises	No. on Register	Number of		
		Inspec- tions	Written Notices	Occupiers Prose- cuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .. .. .	16	8	2	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authorities .. .. .	714	73	19	—
3. Other premises in which Section 7 is enforced by the Local Authority* (excluding outworkers premises)..	—	—	—	—
Total .. .. .	730	81	21	—

\* i.e., Electrical Stations (S.123) (1) Institutions (S.124) and sites of Building Operations and Works of Engineering Construction (Section 127).

TABLE XXVIII

## Cases in which defects were found

Particulars	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1) ..	3	4	—	—	—
Overcrowding (S.2) .. ..	—	—	—	—	—
Unreasonable temperature (S.3).. .. .	1	1	—	—	—
Inadequate Ventilation (S.4)	—	—	—	—	—
Ineffective draining of floors (S.6).. .. .	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient .. ..	2	3	—	2	—
(b) Unsuitable or defective	24	66	—	19	—
(c) Not separate for sexes	3	3	—	2	—
Other offences against the Act (not including offences relating to outwork) ..	—	—	—	—	—
Total .. .. .	33	77	—	23	—

## RENT ACT, 1957. CERTIFICATES OF DISREPAIR

Two applications for Certificates of Disrepair were received during the year. Three applications for cancellation of Certificates of Disrepair were received, two of which were objected to and not cancelled, and one was cancelled. Five applications as to the Remedying of Defects were received during the year and issued.

## SECTION V

### HOUSING AND SANITARY CIRCUMSTANCES

Information supplied by Mr. A. W. Perry,  
Chief Public Health Inspector.

During 1964 the increased speed of clearance of unfit houses was continued, 412 houses being represented during the year an increase of 112 on last year.

The Commercial Road No. 1 C.P.O. of 300 houses was confirmed. 81 houses were demolished but 614 persons were displaced. Demolitions have not been carried out at the same rate as representations since it is the desire of the Housing Department to offer accommodation in the area requested by the tenants if that is possible. This produces an accumulation of empty derelict houses which causes comment but which is only a passing phase since each area represented has redevelopment plans already prepared in principle for it.

The improvement of houses (368) is proceeding slower than was hoped for although there is an increase in the number of applications from tenanted houses from 7.4% to 11.1%.

The inspection of houses in multiple occupation shows that there is not the high incidence of overcrowding which is found in some other towns.

The department was fortunate in filling several vacancies on the establishment during the year and this has shown a proportionate increase in the number of routine inspections made. This is the work of a department which maintains the standard of general hygiene in the community over a very wide field as the list of inspections shows.

Much work and capital expenditure is needed to eliminate the 658 tub closets still in use in the borough and to provide wholesome mains water to the 399 houses still receiving their supplies from springs.



The progress made in dealing with clearance areas is as follows:—

#### NEW BANK COMPULSORY PURCHASE ORDERS

At the end of the year although rehousing had been completed 28 houses remained to be demolished.

#### FOSTER'S COURT COMPULSORY PURCHASE ORDER

Tenders are being invited for the demolition of these properties.

#### ELEPHANT TERRACE COMPULSORY PURCHASE ORDER

Rehousing was still not completed by the end of the year with the consequence that demolition has not yet started.

#### UPPER AND LOWER CROSS STREET COMPULSORY PURCHASE ORDER

The remaining families were rehoused early in the year and the demolition of the property was completed in October.

#### HEBBLE TERRACE CLEARANCE ORDER

At the end of the year rehousing had been completed and the work of demolition commenced.

#### CORPORATION STREET COMPULSORY PURCHASE ORDER

Rehousing progressed during the year and is nearly completed.

#### COMMERCIAL ROAD NORTH NO. 1 COMPULSORY PURCHASE ORDER

This area was confirmed by the Minister in January without modification. Rehousing is now in progress.

#### CHATHAM STREET COMPULSORY PURCHASE ORDER

This area of 400 houses was represented in March, an inquiry was held in October and confirmation was awaited at the end of the year.

#### HARE STREET COMPULSORY PURCHASE ORDER

This area of 12 houses was represented in September. An inspection was made by Ministry's inspector in December. Confirmation is still awaited.

# Closing and Demolition Orders, Etc., Housing Act, 1957

## Sections 16—18

Continuing the information given in previous reports, the following table shows the position on the 31st December, 1964.

No. in Reg.	Address	Date of Report	Date of Closing Order	Date of Demolition Order	Remarks
250	8 Farrea Mill Lane	—	—	—	Informal Action – House Closed
251	2 Old Lane Terrace	—	—	—	do.
252	4 Old Lane Terrace	—	—	—	do.
253	7 Rhodes Street Court	—	—	—	do.
254	521 Huddersfield Road	23.1.64	26.2.64	—	House Vacated
255	1 Lumb Cottage	23.1.64	29.2.64	—	do.
256	2 Lumb Cottage	23.1.64	29.2.64	—	do.
257	The Caravan, Westercroft Lane	23.1.64	—	26.2.64	Caravan Vacated
258	7 Holdsworth House Farm	23.1.64	1.4.64	—	House Vacated
259	30 Lower Skircoat Green	20.2.64	1.4.64	—	do.
260	9 Lawson Street	20.2.64	1.4.64	—	do.
261	2 Rock Houses	20.2.64	1.4.64	—	do.
262	330 Huddersfield Road	20.2.64	1.4.64	—	do.
263	13 Upper Exley	20.2.64	—	1.4.64	do.
264	9 Listers Road	20.2.64	1.4.64	—	do.
265	14 Dover Street	23.4.64	—	18.6.64	do.
266	12 Swaines Terrace	23.4.64	—	18.6.64	Awaiting vacation by tenant
267	11 Sladden Street	—	—	—	Informal Action – House Closed
268	5 Lawson Steet	11.6.64	23.7.64	—	House Vacated
269	13 Ramsden Street	11.6.64	23.7.64	—	Awaiting vacation by tenant
270	36 Mill Lane	11.6.64	23.7.64	—	do.
271	326 Huddersfield Road	23.7.64	25.11.64	—	do.
272	11 Freedom Street	23.7.64	25.11.64	—	House Vacated
273	87 Keighley Road	—	—	—	Informal Action – House Closed
274	35 Commercial Road	24.9.64	12.11.64	—	Awaiting vacation by tenant
275	1 Swaines Terrace	24.9.64	12.11.64	—	do.
276	1 Denholme Gate Road	24.9.64	—	—	Undertaking was accepted under Section 16 to complete works within 9 months
277	2 Denholme Gate Road	24.9.64	—	—	do.
278	Lee Cottage, Old Lane	—	—	—	Informal Action – House Closed
279	9 Earl Street	19.10.64	12.11.64	—	Awaiting Vacation by tenant
280	3 Tankard Court	12.11.64	—	—	Closing Order not yet made
281	10 Hall Street North	12.11.64	—	—	do.
282	Esps Cottage, Pellon Lane	—	—	—	Informal Action – House Closed
283	230 Pellon Lane	—	—	—	do.

To complete observations made in previous annual reports the following information is given:—

Reg. No. 137	House now vacated.
Reg. No. 164	Now demolished.
Reg. No. 165	Now demolished.
Reg. No. 166	Now demolished.
Reg. No. 167	Now demolished.
Reg. No. 168	Now demolished.
Reg. No. 171	Now closed.
Reg. No. 191	Now closed.
Reg. No. 203	Now closed.
Reg. No. 208	Now closed.
Reg. No. 210	House now vacated.
Reg. No. 211	House now vacated.
Reg. No. 212	House now vacated.
Reg. No. 213	House now vacated.
Reg. No. 214	House now vacated.
Reg. No. 215	House now vacated.
Reg. No. 216	House now vacated.
Reg. No. 217	House now vacated.
Reg. No. 218	House now vacated.
Reg. No. 219	House now vacated.
Reg. No. 220	House now vacated.
Reg. No. 221	House now vacated.
Reg. No. 222	House now vacated.
Reg. No. 223	House now vacated.
Reg. No. 224	Awaiting vacation by tenant.
Reg. No. 225	Awaiting vacation by tenant.
Reg. No. 226	House now vacated.
Reg. No. 227	Awaiting vacation by tenant.
Reg. No. 228	House now vacated.
Reg. No. 229	House now vacated.
Reg. No. 230	House now vacated.
Reg. No. 231	House now vacated.
Reg. No. 232	Now closed.
Reg. No. 236	Now closed.
Reg. No. 243	Now demolished.
Reg. No. 244	Now demolished.
Reg. No. 245	Now demolished.
Reg. No. 247	Now demolished.

#### IMPROVEMENT GRANTS AND STANDARD GRANTS

The demand for grants fell during 1964. Standard Grants applied for totalled 294 (356 in 1963), Improvement Grants totalled 74 (45 in 1963). The high demand when Standard Grants were first introduced has now been met, and the majority of applications are now from new owner-occupiers of sub-standard property who wish to improve it before occupation. The change from Standard to Improvement Grant shows a greater tendency to provide proper kitchens, asphalt damp floors and improve ventilation.



The percentage of requests for grants for tenanted houses rose from 7.4% (1963) to 11.1% in 1964.

The following table shows details of applications submitted to the Housing Committee during the year.

Type of Grant	No. of applications submitted	Granted	Rejected	Completed	Amount paid in respect of work in previous column	Withdrawn after submission to Committee
Standard	294	289	5	312	£35,801 17 11	19
Improvement	74	74	—	54	£10,177 16 9	6
Total	368	363	5	366	£45,979 14 8	25

An analysis of the 289 Standard Grants show that the amenities requested are as shown below:—

Owner Occupied Houses						Tenanted Houses					
Total Grants	Baths	Wash Basins	Hot Water	Water Closets	Food Stores	Total Grants	Baths	Wash Basins	Hot Water	Water Closets	Food Stores
255	220	226	200	246	239	34	30	29	27	33	32

During the year the Housing Act, 1964 gave powers to local authorities to provide for the compulsory improvement of tenanted houses in certain circumstances, and also at the request of the tenant.

Surveys of likely Improvement Areas were made, and at the end of the year the owner of 130 back to back houses, built in the late 19th century, and all tenanted, agreed to improve the property.

## HOUSES IN MULTIPLE OCCUPATION

52 lettings have been inspected in detail to ensure their compliance with the statutory requirements. Two surveys for the extent of overcrowding were carried out. Of 400 houses in the Chatham Street Compulsory Purchase Order, 14 were occupied by immigrants but only one was overcrowded. In the Stannary Street Compulsory Purchase Order (181 houses) 25 were occupied by coloured immigrants and two were overcrowded.

Before notices are served for structural alterations the advice of the Chief Fire Officer is obtained to ensure the means of escape in case of fire are satisfactory. Authority has now been given for the appointment of additional staff to increase the inspections of this type of dwelling.

## Housing Statistics

### UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED

After informal action by local authority;	
By owner ... ..	554
After formal notice under Public Health Acts:	
By owner ... ..	106
By Local Authority ... ..	31
After formal notice under S.9 and 16 Housing Act, 1957:	
By owner ... ..	—
By Local Authority ... ..	—
Under Section 24, Housing Act, 1957:	
By owner ... ..	1

### PURCHASE OF HOUSES BY AGREEMENT

Houses in clearance areas other than those included in confirmed orders or compulsory purchase orders.	No. of houses ...	1
	No. of occupants	1

### UNFIT HOUSES CLOSED

No. of Houses	Under S.16 (4), 17 (1) and 35 (1) Housing Act, 1957 and S.26 Housing Act, 1961 ... ..	28
	Under S.17 (3) and 26 Housing Act, 1957 ...	—
Persons Displaced	From houses to be closed:— Under S.16 (4), 17 (1) and 35 (1) Housing Act, 1957 and S.26 Housing Act, 1961 ... ..	68
	Under S.17 (3) and 26 Housing Act, 1957 ...	—
Families Displaced	From houses to be closed:— Under S.16 (4), 17 (1) and 35 (1) Housing Act, 1957 and S.26 Housing Act, 1961 ... ..	23
	Under S.17 (3) and 26 Housing Act, 1957 ...	—
Parts of Buildings Closed—S.18 Housing Act, 1957:		
	Number of Houses ... ..	—
	No. of persons displaced ... ..	—
	No. of families displaced ... ..	—

# Housing Statistics—cont.

## HOUSES DEMOLISHED

IN CLEARANCE AREAS	Houses Demolished	Unfit for human habitation ... .. Included by reason of bad arrangement ... On land acquired under S.43 (2) Housing Act, 1957 ... ..	41 2 —
	Persons Displaced	From houses unfit for human habitation ... From houses included by reason of bad arrangement ... .. From houses on land acquired under S.43 (2) Housing Act, 1957 ... ..	544 2 —
	Families Displaced	From houses unfit for human habitation ... From houses included by reason of bad arrangement ... .. From houses on land acquired under S.43 (2) Housing Act, 1957 ... ..	185 1 —
NOT IN CLEARANCE AREAS	Houses Demolished	As a result of formal or informal procedure under Secs. 16 or 17 (1) Housing Act, 1957 ... ..	33
		Local Authority owned houses certified unfit by Medical Officer of Health ... ..	12
		Houses unfit for human habitation where action has been taken under local Acts	—
		Houses included in unfitness orders made under para 2 of the Second Schedule to the Town and Country Planning Act, 1959 ... ..	—
	Persons Displaced	From houses to be demolished as a result of formal or informal procedure under Secs. 16 or 17 (1) Housing Act, 1957 ...	61
		From local authority owned houses certified unfit by Medical Officer of Health ...	7
		From houses unfit for human habitation where action has been taken under local Acts	—
		From houses included in unfitness orders ...	—
Families Displaced	From houses to be demolished as a result of formal or informal procedure under Secs. 16 or 17 (1) Housing Act, 1957 ...	24	
	From local authority owned houses certified unfit by Medical Officer of Health ...	4	
	From houses unfit for human habitation where action has been taken under local Acts	—	
	From houses included in unfitness orders ...	—	
Number of dwellings included above which were previously reported as closed ... ..			11



# Sanitary Circumstances

## and

# Sanitary Inspection of the Area

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### Description of the Work of the Public Health Inspectors Inspections and Visits

#### DWELLINGHOUSES : —

Primary Inspection under the Housing Acts	...	419
Subsequent Inspections under the Housing Acts	...	52
Work in progress under the Housing Acts	...	22
“Well-maintained” payments	...	64
Official Count	...	410
Standard and Improvement Grants	...	1,499
Certificates of Disrepair	...	24
Removals and Disinfestation	...	1
Inspection on behalf of Housing Manager	...	168
Sanitary defects	...	1,303
Notifiable diseases	...	42
Food Poisoning	...	5
Pathological Specimens	...	30
Dirty and/or verminous conditions	...	77
Overcrowding	...	78
Moveable Dwellings	...	—
Common Lodging Houses	...	1
Visits to lettings—Houses in Multiple Occupation	...	52
Sale of Property to Council	...	6
Public Enquiry	...	88
Survey Re Improvement Areas	...	962

#### DRAINAGE : —

Public sewers inspected	...	98
Public sewers tested	...	28
Drains inspected, special inspections only	...	84
Drains tested	...	238
Ditches and Watercourses	...	3

#### FACTORIES : —

Factories (with power)	...	73
Factories (without power)	...	8
Outworkers' premises	...	17
Workplaces (General)	...	13
Workplaces (Offices)	...	3

#### SHOPS : —

Shops Act, 1950, section 38	...	10
Other visits	...	72
Mobile Shops	...	55

# OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963:—

Offices	...	...	...	...	...	...	19
Retail Shops	...	...	...	...	...	...	109
Wholesale shops and Warehouses	...	...	...	...	...	...	3
Catering establishments and canteens	...	...	...	...	...	...	31
Accidents	...	...	...	...	...	...	4

## FOOD PREMISES:—

Milk Distributors	...	...	...	...	...	...	17
Dairies	...	...	...	...	...	...	9
Milkshops	...	...	...	...	...	...	1
Fried Fish Shops	...	...	...	...	...	...	23
Bakehouses	...	...	...	...	...	...	20
Butchers' Shops	...	...	...	...	...	...	149
Ice Cream premises	...	...	...	...	...	...	59
Restaurants, Cafés, etc.	...	...	...	...	...	...	98
School Canteens	...	...	...	...	...	...	7
Licensed Premises	...	...	...	...	...	...	19
Other food premises	...	...	...	...	...	...	307

## SMOKE CONTROL:—

Smoke Observations	...	...	...	...	...	...	1,150
Works, etc., re smoke emission	...	...	...	...	...	...	108
Works, etc., re Prior Approval	...	...	...	...	...	...	14
Works, etc., re Chimney Heights	...	...	...	...	...	...	14
Smoke Control Areas	...	...	...	...	...	...	2,064
Atmospheric Pollution Gauges	...	...	...	...	...	...	1,464

## SAMPLING:—

Foods and Drugs Act, 1955	...	...	...	...	...	...	99
Bacteriological samples—Milk	...	...	...	...	...	...	49
Bacteriological samples—Ice Cream	...	...	...	...	...	...	66
Biological examination—Milk	...	...	...	...	...	...	14
Water	...	...	...	...	...	...	23
Swimming Baths Water	...	...	...	...	...	...	81
Fabrics (Misdescription) Act—Flameproof Materials	...	...	...	...	...	...	2

## GENERAL:—

Premises re Rag Flock Acts	...	...	...	...	...	...	6
Premises re Fertilisers and Feeding Stuffs Act	...	...	...	...	...	...	33
Premises re Pharmacy and Poisons Act	...	...	...	...	...	...	40
Premises re Merchandise Marks Act	...	...	...	...	...	...	63
Stables re nuisances	...	...	...	...	...	...	2
Fowls, Swine and other animals	...	...	...	...	...	...	26
Schools	...	...	...	...	...	...	17
Places of Public Entertainment	...	...	...	...	...	...	37
Public Sanitary Conveniences	...	...	...	...	...	...	261
Abattoir	...	...	...	...	...	...	161
Noise Nuisances	...	...	...	...	...	...	85
Pet Shops	...	...	...	...	...	...	8
Offensive Trades	...	...	...	...	...	...	24

Knackers' Yards	...	...	...	...	...	3
Rodent Control	...	...	...	...	...	122
Accumulations of Refuse	...	...	...	...	...	144
Interviews	...	...	...	...	...	756
Miscellaneous visits	...	...	...	...	...	4,554
Animal Boarding Est. Act	...	...	...	...	...	16
Hairdresser re bye laws	...	...	...	...	...	2
Total number of Inspections and Visits	...	...	...	...	...	18,388
Total number of re-inspections	...	...	...	...	...	4,597

### Particulars of work done

	Informal Action
DWELLINGHOUSES :—	
General repairs	510
Dirty houses cleansed	36
Overcrowding abated	1
Council houses found bug-infested and disinfested	3
Other houses found bug-infested and disinfested	6
Houses cleared of other vermin	82
Common lodging houses—Nuisances abated or improvements effected	—
Houses-let-in-Lodgings—Nuisances abated or improvements effected	2
DRAINAGE :—	
Sewers cleansed	74
Drains cleansed and/or repaired	120
Public sewers repaired and/or reconstructed	23
Drains reconstructed or new drains provided	55
FACORIES :—	
Factories (with power)—Nuisances abated or improvements effected	33
Factories (without power)—Nuisances abated or improvements effected	1
Workplaces (General)—Nuisances abated or improvements effected	2
Workplaces (Offices)—Nuisances abated or improvements effected	2
SHOPS :—	
Shops Act, 1950, section 38—Nuisances abated or improvements effected	5
General—Nuisances abated or improvements effected	25
Mobile Shops—Nuisances abated or improvements effected	6
OFFICES, SHOPS & RAILWAY PREMISES ACT 1963 :—	
Shops—Nuisances abated or improvements effected	12
Accidents—Nuisances abated or improvements effected	4
Notices Served	107



# FOOD PREMISES :—

Fried Fish Shops—Nuisances abated or improvements effected	...	...	...	...	...	8
Bakehouses—Nuisances abated or improvements effected	...	...	...	...	...	10
Butchers—Nuisances abated or improvements effected	...	...	...	...	...	10
Ice Cream Premises—Nuisances abated or improvements effected	...	...	...	...	...	4
Restaurants, Cafés, etc.—Nuisances abated or improvements effected	...	...	...	...	...	16
School Canteens—Nuisances abated or improvements effected	...	...	...	...	...	—
Licensed Premises—Nuisances abated or improvements effected	...	...	...	...	...	4
Other food premises—Nuisances abated or improvements effected	...	...	...	...	...	19

# SMOKE CONTROL :—

Boiler plants improved re emission of smoke	...	8
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# GENERAL :—

Premises cleared of rats—Dwellinghouses	...	...	210
Other premises	...	...	146
Premises cleared of mice—Dwellinghouses	...	...	363
Other premises	...	...	224
Fowls, Swine and other animals—Nuisances abated improvements effected	...	...	6
Stables—Nuisances abated or improvements effected	...	...	2
Schools—Nuisances abated or improvements effected	...	...	4
Places of Public Entertainment—Nuisances abated or improvements effected	...	...	7
Public Sanitary Conveniences—Nuisances abated or improvements effected	...	...	127
Noise—Nuisance abated or improvements effected	...	...	18
Accumulations of Refuse—Nuisances abated or improvements effected	...	...	86
Merchandise Marks Act—Contraventions remedied	...	...	7
Miscellaneous sanitary improvements effected	...	...	239

# SAMPLES OBTAINED :—

	Formal	Informal
Food and Drugs Act, 1955	71	265
Milk—Bacteriological	—	66
Milk—Biological	—	12
Ice Cream—Bacteriological	—	66
Water	—	22
Swimming Baths Water	—	91
Fertilisers and Feeding Stuffs	14	—
Fabrics (Misdescription) Act—Flame-proof materials	2	—
Pathological Specimens	—	247
Rag Flock	2	—

## OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

This Act came into operation on various dates in 1964, the major sections coming into operation on the 1st August.

During the first five months, the operation and application of the various provisions proceeded quite smoothly.

There has been nothing of particular moment to date. There have been four accident reports only one of which was of any severity and this did not occur on the premises; although non-notifiable, advice was given to the firm concerned, a letter was subsequently received informing us that our advice had been implemented.

The point on which we have laid particular stress has been the ventilation of ladies' hairdressing salons. It was found that these premises were subject to a high humidity level. As a consequence of this we have by negotiation, secured the provision of mechanical extraction fans in the majority of these premises.

The only other point is that of the small number of registered premises. Whereas we expected a minimum in the region of 3,000 registrations we have in fact received only 988. Either our estimate was wildly optimistic or failing this, many employers have simply not registered. The trade organisation in the Borough have been approached on this matter and the press has also appealed on our behalf. It only remains for personal calls to be made to premises which although not on the register appear to be registrable.

107 informal notices have been addressed to occupiers of offices or shops setting forth contraventions of the Act. Seven were complied with at the end of the year.

## COMMON LODGING HOUSES

There is only one Common Lodging House in the Borough occupied by the Salvation Army Trustee Company. There is accommodation for 120 male lodgers, but usually no more than 75 beds are in use.

The premises are visited regularly and are clean and well kept.

## FERTILISERS AND FEEDING STUFFS ACT, 1926

### FERTILISERS AND FEEDING STUFFS REGULATIONS, 1960

Of the 14 samples obtained during the year 6 were of fertilisers and 8 were of feeding stuffs. One sample of fertiliser was unsatisfactory and the manufacturer was warned.

## PHARMACY AND POISONS ACT, 1933

### PHARMACY AND MEDICINES ACT, 1941

At the end of 1963 there were 120 registered sellers of Part II Poisons, occupying 171 registered premises.

There were 40 inspections of these premises during the year.

## RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

### RAG FLOCK AND OTHER FILLING REGULATIONS, 1961

At the end of the year there were 8 premises registered under this enactment and all were in a satisfactory condition.

Two samples were taken.

## PET ANIMALS ACT, 1951

This Act requires that no person shall keep a Pet Shop except under a licence granted by the Local Authority.

Eight applications were received during the year and licences were granted in each case.

## PLACES OF PUBLIC ENTERTAINMENT

During the year 7 inspections were made of theatres, cinemas and other premises for which theatre licences are necessary, and conditions, generally, were found to be satisfactory.

## SWIMMING BATHS

The swimming pool at Woodside Baths—the only public baths in the Borough—is 75 feet long and 36 feet wide, the capacity of the pool being approximately 84,000 gallons.

The water is drawn from the towns main and is constantly being circulated, purified and sterilised, circulation being at the rate of 22,000 gallons per hour. Thus, in effect, the whole of the bath water is circulated through the filters, purified and sterilised every 4 hours.

The bath water is being chemically treated for 15 hours per day by Alumina, Chlorine and Sodium Carbonate.

The swimming pool is open throughout the year and there are also 26 slipper baths for men and 20 for women. Foam baths are also available.

Samples of swimming bath waters are obtained each month from the Public Baths and from all School Swimming Baths, and are submitted to bacteriological and chemical examination, and results are generally satisfactory.

Caretakers at all schools where swimming baths are installed are instructed in the chlorination and proper treatment of the bath water, and they were all provided with a new form of apparatus to test the chlorine content and the pH value of the bath waters.

## PUBLIC SANITARY CONVENIENCES

Under the control of the Health Department there are 46 public sanitary conveniences, consisting of 18 sanitary conveniences for males, 16 for females and 12 public urinals.

At the two main conveniences in town—Bull Green and George Square—where there are full-time attendants and where



lavatory accommodation is provided, facilities are available for the free washing of hands after use of the toilets. For this purpose wash-basins with hot and cold water have been installed and cream soap and paper towels are provided. At the King Cross Conveniences washing facilities are installed in both the Ladies' and Gentlemen's Sections. This service still proves very popular, but at the same time suffers a certain amount of abuse.

Improvement to the Queens Road and Charlestown Conveniences were approved and the work was in hand at the end of the year.

A considerable amount of misuse and wanton damage takes place at the unattended conveniences, automatic locks and fittings being in constant need of repair or replacement.

The cost of repairs or replacements due to damage during the last six months of the year was £151 12s. 9d.

**TABLE A**

Registration and General Inspections, period covered: Aug. — Dec. 1964.

	1	2	3
	No. of premises registered during year	Total No. of registered premises at end of year	No. of registered premises receiving a general inspection during the year
Office .. .. .	246	246	21
Retail Shops .. ..	552	552	103
Wholesale Warehouses	53	53	3
Catering Establishments open to the public; canteens .. .. .	134	134	32
Fuel storage depot ..	3	3	0
Totals .. .. .	988	988	159

**TABLE B**

Total No. of visits of all kinds by inspectors to registered premises  
— 275

**TABLE C**  
**ANALYSIS OF PERSONS EMPLOYED BY WORKPLACE**

Class of workplace	No. of persons employed		
	Male	Female	
Offices .. .. .	1,033	1,284	2,317
Shops .. .. .	918	1,706	2,624
Wholesale departments, warehouses .. ..	387	41	428
Catering establishments open to public .. ..	215	355	570
Canteens .. .. .	2	32	34
Fuel storage depots ..	35	1	36
Totals .. .. .	2,590	3,419	6,009

# SECTION VI

## FOOD

### (INSPECTION AND SUPERVISION)

From information supplied by Mr. A. W. PERRY,  
Chief Public Health Inspector

#### FOOD AND DRUGS ACT, 1955

##### SAMPLING OF FOOD AND DRUGS

A total of 336 samples of Food and Drugs was obtained during the year and submitted to the Public Analyst for chemical examination.

These included 102 samples of milk, 52 samples of Ice Cream and 182 samples of food and drugs.

Samples of milk "not genuine" according to the Sale of Milk Regulations numbered 5 giving a percentage of 4.9.

All the 52 samples of ice cream were reported as satisfactory.

Of the 182 samples of other food and drugs, 69 (or 32.4%) were reported not genuine.

All samples of food are examined for preservatives in accordance with the Public Health (Preservatives, etc., in Food) Regulations.

Details of all samples will be found in the following table:—

TABLE 1

Nature of sample	No. of samples taken			No. not genuine		
	Formal	In-formal	Total	Formal	In-formal	Total
Milk .. .. .	64	38	102	4	1	5
Milk - Food .. .. .	—	1	1	—	—	—
Almonds - Ground .. .. .	—	3	3	—	—	—
Apple Pie .. .. .	—	1	1	—	1	1
Apple Tart .. .. .	—	1	1	—	1	1
Baked Beans .. .. .	—	1	1	—	1	1
Beans - French .. .. .	—	1	1	—	—	—
Beer .. .. .	2	—	2	—	—	—
Beetroot - Pickled .. .. .	—	1	1	—	1	1
Bovril .. .. .	—	1	1	—	—	—
Bread (various) .. .. .	1	16	17	—	16	16
Cabbage .. .. .	—	1	1	—	—	—
Cauliflower .. .. .	—	1	1	—	—	—
Cheese Spread with Shrimp .. .. .	—	1	1	—	1	1
Chocolate Mint Cracknell .. .. .	—	1	1	—	1	1
Chocolate Neopolitans .. .. .	—	1	1	—	1	1
Chocolate Whirls .. .. .	—	1	1	—	1	1
Confectionery						
Choco-Sponges .. .. .	—	1	1	—	1	1
Chocolate Swiss Roll .. .. .	—	1	1	—	—	—
Cream Cake .. .. .	—	1	1	—	—	—
French Buns .. .. .	—	2	2	—	1	1
Marzipan .. .. .	—	1	1	—	—	—
Swiss Roll .. .. .	—	1	1	—	1	1
Cornish Pasty .. .. .	—	1	1	—	1	1
Crab .. .. .	—	1	1	—	—	—



Nature of sample	No. of samples taken			No. not genuine		
	Formal	In-formal	Total	Formal	In-formal	Total
Cream - Double .. ..	—	1	1	—	1	1
Crystallised Fruit						
Cut Mixed Peel .. ..	—	2	2	—	—	—
Glace Cherries .. ..	—	3	3	—	—	—
Dried Fruit						
Currants .. ..	—	2	2	—	—	—
Raisins .. ..	—	2	2	—	—	—
Sultanas .. ..	—	3	3	—	—	—
Fish Cakes .. ..	—	5	5	—	1	1
Fish Fried .. ..	—	1	1	—	1	1
Flour						
Plain .. ..	—	1	1	—	—	—
Self Raising .. ..	—	3	3	—	—	—
Wholewheat .. ..	—	1	1	—	—	—
Ginger .. ..	—	1	1	—	—	—
Ginger Snap Biscuits .. ..	—	1	1	—	—	—
Ice Cream .. ..	—	52	52	—	—	—
Instant Mash Potato .. ..	—	1	1	—	—	—
Margarine .. ..	—	6	6	—	—	—
Marmite .. ..	—	1	1	—	—	—
Meat and Meat Products						
Beef Burgers .. ..	—	1	1	—	—	—
Beef Curry .. ..	—	1	1	—	—	—
Beef Steak .. ..	—	1	1	—	1	1
Brawn .. ..	—	1	1	—	1	1
Corned Beef .. ..	—	3	3	—	—	—
Corned Mutton .. ..	—	4	4	—	3	3
Cornish Pasty .. ..	—	6	6	—	4	4
Hamburgers with Gravy .. ..	—	1	1	—	—	—
Meat Pie .. ..	—	1	1	—	1	1
Pork Pie .. ..	—	1	1	—	1	1
Sausage Meat (Beef) .. ..	—	1	1	—	—	—
Sausage Roll .. ..	—	1	1	—	1	1
Steak & Kidney Pie .. ..	—	4	4	—	4	4
Meat Tenderiser .. ..	—	1	1	—	—	—
Milk Bottles .. ..	—	8	8	—	8	8
Mincemeat .. ..	—	3	3	—	—	—
Mixed Peel .. ..	—	1	1	—	—	—
Mixed Spice .. ..	—	1	1	—	—	—
Mustard .. ..	—	1	1	—	—	—
Non-brewed Condiment .. ..	—	1	1	—	1	1
Nutmeg .. ..	—	1	1	—	—	—
Nut Mix .. ..	—	1	1	—	—	—
Okra .. ..	—	1	1	—	1	1
Panadol .. ..	—	1	1	—	—	—
Peanuts .. ..	—	1	1	—	1	1
Pears - tinned .. ..	—	1	1	—	1	1
Pepper - white .. ..	—	1	1	—	—	—
Pickling Spice .. ..	—	1	1	—	—	—
Preserves						
Jam .. ..	—	6	6	—	—	—
Marmalade .. ..	—	2	2	—	1	1
Puddings						
Apple Sponge .. ..	—	1	1	—	1	1
Christmas Pudding .. ..	—	3	3	—	—	—
Milk Pudding .. ..	—	5	5	—	—	—
Rice - tinned .. ..	—	4	4	—	—	—

Nature of sample	No. of samples taken			No. not genuine		
	Formal	In-formal	Total	Formal	In-formal	Total
Sago - tinned .. ..	—	2	2	—	—	—
Rat Droppings (suspected)	—	1	1	—	1	1
Sauce .. ..	—	3	3	—	—	—
Scotch Broth .. ..	—	1	1	—	—	—
Senakot .. ..	—	1	1	—	—	—
Soft Drinks .. ..	—	6	6	—	—	—
Soup - Cream of Tomato	—	1	1	—	1	1
Spirits						
Rum .. ..	2	—	2	—	—	—
Whisky .. ..	2	—	2	—	—	—
Stuffing						
Sage & Onion .. ..	—	1	1	—	—	—
Thyme & Parsley .. ..	—	2	2	—	—	—
Sugar .. ..	—	1	1	—	1	1
Tea .. ..	—	5	5	—	—	—
Tomatoes - tinned .. ..	—	1	1	—	—	—
Vinegar .. ..	—	4	4	—	—	—
	71	265	336	4	65	69

TABLE 2  
Monthly Average Composition of Milk Samples

Month	No. of Samples	Milk Fat per cent.	Non-fatty Solids per cent.	Channel Islands and South Devon Milk		
				No. of Samples	Milk Fat per cent.	Non-fatty Solids per cent.
January ..	—	—	—	—	—	—
February	10	3.8	8.30	—	—	—
March ..	19	3.57	8.53	—	—	—
April ..	8	3.63	8.51	—	—	—
May ..	10	3.64	8.64	—	—	—
June ..	8	3.66	8.89	—	—	—
July ..	—	—	—	—	—	—
August ..	10	3.35	8.66	—	—	—
September	4	3.97	8.91	—	—	—
October ..	20	3.82	8.79	—	—	—
November	13	3.58	8.61	—	—	—
December	1	3.65	8.63	—	—	—
Total ..	103			—		
Average for year 1964		3.68	8.64		—	—
„ „ „ 1963		3.60	8.75		4.32	8.98
„ „ „ 1962		3.67	8.84		4.74	9.23
„ „ „ 1961		3.73	8.84		4.91	9.30
„ „ „ 1960		3.80	8.90		5.34	9.14
„ „ „ 1959		3.72	8.68		4.85	9.10
„ „ „ 1958		3.73	8.69		5.21	9.32
„ „ „ 1957		3.81	8.74		5.13	9.40
„ „ „ 1956		3.67	8.58		—	—
„ „ „ 1955		3.67	8.79		—	—
„ „ „ 1954		3.89	8.71		—	—

The figures given in the third and fourth columns of the above table represent the average milk fat and non-fatty solids in the 103 chemical milk samples of Tuberculin Tested (Farm Produced), Tuberculin Tested (Pasteurised), and Pasteurised milk taken during the year. The presumptive standards are 3.0 per cent. and 8.5 per cent., respectively, as laid down by the Sale of Milk Regulations, 1939.

In February, 1963 the non fatty solid content of milk fell below the statutory standard, and caused some concern. Consultations took place with the Milk Production Officer of the Ministry of Agriculture, Fisheries and Food and with the local Dairy management.

## MILK AND DAIRIES

*Milk and Dairies (General) Regulations, 1959.*

*Milk (Special Designation) Regulations, 1963.*

## MILK DISTRIBUTION

At the end of the year there were 356 registered distributors of milk (excluding dairy farmers) within the Borough, and there were 14 registered dairy premises.



Licences under the Milk (Special Designation) Regulations, 1963, were granted as follows:—

Dealer's (Pasteuriser's) Licence (Form C) ... ..	1
Dealer's (Tuberculin Tested) Licence (Form B) ... ..	1
Dealer's (Pre-packed Milk) Licence (Form E) author- ising the use of the special designation—	
(a) Tuberculin Tested to October ... ..	3
(a) Untreated from October ... ..	10
(b) Pasteurised ... ..	18
(c) Sterilised ... ..	10

Dealers (Pre-Packed Milk) Licences are now issued for a period of up to five years all expiring in 1965.

#### BACTERIOLOGICAL EXAMINATION OF MILK

During the year 52 samples of milk—as shown below—were submitted to bacteriological examination.

Designation	Samples taken	Satisfactory	Unsatisfactory
Pasteurised .. .. .	50	50	—
Pasteurised (Channel Islands) ..	—	—	—
T.T. (Pasteurised) .. ..	1	1	—
Sterilised .. .. .	1	1	—
TOTAL .. .. .	52	52	—

#### BIOLOGICAL EXAMINATION OF MILK

Two samples of milk were submitted to biological examination by the Public Health Laboratory Service. One of these samples was of milk produced inside the Borough and the other outside the Borough. Both samples were reported as negative.

#### BRUCELLA ABORTUS

Particulars are given, in the following table, of the 10 samples submitted to the Public Health Laboratory Service for examination for *Brucella abortus*:—

Produced	No. of samples	Satisfactory	Positive on culture
In Borough .. .. .	9	9	—
Outside of Borough .. ..	1	1	—
TOTAL .. .. .	10	10	—

#### THE LIQUID EGG (PASTEURISATION) REGULATIONS 1962

There are no pasteurisation plants in the town. No samples of liquid egg were therefore taken.

#### MANUFACTURE AND/OR SALE OF ICE CREAM

*Food and Drugs Act, 1955, Section 16.*

*Ice Cream (Heat Treatment, etc) Regulations, 1959.*

Ice cream, like milk, is a food which is easily contaminated, and there are Regulations which require the ice cream mix to be heated to a specific temperature for a given time. In other words, it has to be pasteurised so that harmful bacteria may be killed or be prevented from multiplying. The heated mix must then be cooled to a certain temperature, and during storage must be kept below regulation temperatures. Apart from these safeguards, it is necessary for a high standard of cleanliness to be maintained throughout the whole process, and experience has shown that this can only be achieved by systematic and regular cleansing of all machines, pipe-lines, valves, etc.

Apart from visual inspection and microscopical examination, it is possible to use the bacteriological examination of ice cream to indicate its cleanliness and purity.

During the year 59 inspections were made of 432 registered premises (all retailers).

A total of 66 samples was submitted to bacteriological examination by the Methylene blue reduction test, particulars of which are given in the following Table:—

Produced	No. of Samples	Grade 1 Highly Satisfactory	Grade 2 Satisfactory	Grade 3 Unsatisfactory	Grade 4 Very Unsatisfactory
In Borough	—	—	—	—	—
Outside of Borough	66	38 (57.57%)	14 (21.21%)	8 (12.12%)	6 (9.10%)
TOTAL	66	38 (57.57%)	14 (21.21%)	8 (12.12%)	6 (9.10%)

The unsatisfactory samples were taken from premises where there have been frequent changes in management. Advice has been given and check samples are being taken monthly.

I am pleased to be able to report that all mobile vans selling ice cream in this Borough are so constructed as to comply with the Bye-Laws made under Section 15 of the Food and Drugs Act, 1955, and the Food Hygiene Regulations, 1960, being equipped with means for providing hot water and washing of hands. Soap and towels are provided and, in addition, sterilising agents are available for the treatment of the servers. 20 vans, etc., were inspected by the department, prior to the granting of Street Traders' Licences by the Market Department.

#### PREPARATION OR MANUFACTURE OF SAUSAGES, ETC.

*Food and Drugs Act, 1955. Section 16.*

At the end of the year there were 64 premises registered for the preparation or manufacture of sausages, potted, pressed, pickled or preserved foods.

## FRIED FISH SHOPS

During the year 23 inspections were made of 66 premises. Improvements were effected in 8 cases.

## BAKEHOUSES

The number of bakehouses on the register at the end of the year was 34.

There were 20 inspections made, and improvements were effected in 10 cases.

The last basement bakehouse in the borough has now been closed, following its including in the Chatham Street Clearance Area.

## FOOD HYGIENE

During the year 90 mobile food shops and vans (including ice cream vans already remarked upon) have been inspected prior to a licence being issued by the Markets Department. I am pleased to report that the owners of these mobile shops have co-operated wholeheartedly in attaining a high standard. All mobile shops selling food in the Borough have washing equipment, soap, towels and supply of hot water (where open food is sold for immediate consumption) as required by the Food Hygiene Regulations.

There are 1,004 food shops in the Borough. The number and type of business is set out below:—

Grocers ...	...	...	...	...	342
Butchers	...	...	...	...	120
Fish and Fruit	...	...	...	...	118
Mixed ...	...	...	...	...	138
Sweets	...	...	...	...	54
Snack Bars	...	...	...	...	38
Cooked Meats	...	...	...	...	10
Fish Friers	...	...	...	...	65
Chemists	...	...	...	...	40
Confectioners	...	...	...	...	79

and visits to food premises, including any necessary re-visits, numbered 753.

22 contraventions of the regulations were found requiring informal notice. 71 premises had contraventions remedied by verbal or informal request as given in the statistical report of work done.



TABLE 3

**Administrative action taken in respect of samples reported by the  
Public Analyst to be not genuine or otherwise irregular**

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
1	Pickled Beetroot containing fly.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a fly, and if it was established that the foreign object was in the sample when sold he was of the opinion that the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the manufacturer to the matter.
2	Cheese spread with shrimp with abnormal odour.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample consisted of a small quantity of the spread together with sandwiches made from the spread. It was found that the sample had an abnormal odour of "cats" but he was unable to find any abnormality to account for this taint. The Chief Public Health Inspector drew the attention of the retailer to the matter but it was not possible to prove where the contamination had taken place.
10	Brown Loaf containing crumb of harder texture than its surroundings.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a piece of crumb of harder texture than its surroundings. The material was wholesome but because the sample caused concern he classified the sample as irregular. No further action was taken.
11	Choc-o-sponge containing steel nut.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely, a steel nut of approximately $\frac{1}{4}$ " diameter, and that if it was established that the nut was in the sample when sold he considered the sample to be unsatisfactory. This matter was reported to the Health Committee on the 1st March, 1964 when the Town Clerk was authorised to send a letter of warning to the manufacturer.

TABLE 3—continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
12	Buttered Teacake containing mixture of butter and margarine.	Informal sample submitted for analysis following complaint. The Public Analyst reported that in his opinion the substance spread on the teacake was not butter but was a mixture of three parts margarine to one part butter and he regarded the sample as unsatisfactory. A formal sample was obtained from the retailer but was found on analysis to be satisfactory.
42	Milk deficient in fat.	Informal sample purchased from a milk vending machine. The Public Analyst reported that the sample was 16.6% deficient in fat. A formal sample was obtained from the same vending machine but was found on analysis to be satisfactory. The Chief Public Health Inspector drew the attention of the producer to the matter.
57	Apple sponge pudding containing foreign object.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a black object resembling the legs of an insect, but which was found to be an apple calyx. Because the sample caused concern he regarded it as irregular. The Chief Public Health Inspector drew the attention of the manufacturer to the matter.
60	Chocolate Whirls affected by mould.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample consisted of two chocolate whirls one of which was mouldy and was unfit for human consumption. This matter was reported to the Health Committee on the 13th April, 1964 when the Town Clerk was authorised to send a letter of warning to the retailer.
73	Cornish Pasty containing piece of steel.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely, a piece of steel screwed rod and he considered the sample to be unsatisfactory. This case was reported to the Health Committee on the 4th May, 1964 when the Town Clerk was instructed to send a letter of warning to the manufacturer.

TABLE 3—continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
81	Fried Fish with peculiar taint.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample had a smell as though not quite fresh and he classified the sample as unsatisfactory although in his opinion the sample would not be harmful. The Chief Public Health Inspector drew the attention of the retailer to the matter.
85	Fish Cakes affected with mould.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the samples were affected with a white mould growth of the sucor family. He found that the mould grew on the fish cakes at a prodigious rate and in his opinion the sample was unfit for human consumption. The Chief Public Health Inspector drew the attention of the wholesaler to the matter.
86	White Sliced Loaf containing twine.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign object, namely pieces of twine and he regarded the sample as unsatisfactory. The Chief Public Health Inspector drew the attention of the Baker to the matter.
89	Cornish Pasty with peculiar taint.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was normal in composition but had a peculiar taint. There was no indication of mould but he regarded the sample as unsatisfactory. The Chief Public Health Inspector drew the attention of the retailer to the matter.
90	Swiss Roll containing foreign object.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign object, namely a piece of metal and he regarded the sample as unsatisfactory. The Chief Public Health Inspector drew the attention of the Baker to the matter.



TABLE 3—continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
100	Double Cream containing foreign objects.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the cream contained two small foreign objects namely a fragment of cooked potato and a piece of green leaf vegetable. These substances would not be harmful to a consumer but if it could be proved that they were in the cream when sold he regarded the sample to be unsatisfactory. It was not possible to prove where the foreign objects had entered the cream and no further action was taken.
115	Brown Loaf containing foreign object.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign object, namely a small fly and that he considered the sample to be unsatisfactory. The Chief Public Health Inspector drew the attention of the Baker to the matter.
116	Mouldy Loaf	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was mouldy and in his opinion unfit for human consumption. This matter was reported to the Health Committee on the 4th August, 1964 when the Town Clerk was instructed to send a letter of warning to the Baker.
117	Milk Bottle with pieces of glass.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the milk bottle contained two pieces of glass and if it was established that the fragments of glass were in the bottle when sold he was of the opinion that the sample was unsatisfactory. It was not possible to prove where the glass fragments had gained access to the bottle but the Chief Public Health Inspector drew the attention of the producer to the matter.

TABLE 3—continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
120	Tinned Pears containing grit.	Informal sample submitted for analysis following complaint. The Public Analyst reported that flakes of laquer were floating about in the syrup. The sample appears to have been "blown" before opening. The tin was corroded; and excessive, but not harmful, quantities of tin and iron had been absorbed by sample. In his opinion the sample was unsatisfactory and unsuitable for food. The Chief Public Health Inspector drew the attention of the retailer to the matter.
121	Cornish Pasty affected by mould.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was affected by a mould and in his opinion was unfit for human consumption. The Chief Public Health Inspector drew the attention of both the retailer and the manufacturer to the matter.
124	Pork Pie affected by mould.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was effected by a mould and in his opinion the sample was unfit for human consumption. This matter was reported to the Health Committee on the 4th August, 1964 when the Town Clerk was instructed to send a letter of warning to the producer.
125	Suspected Rat Droppings.	Informal sample submitted for analysis following a report from a manufacturer of the presence of foreign objects in boxes of currants. The Public Analyst reported that the foreign objects were rat droppings. The currants were returned to the supplier.
126	Cornish Pasty containing foreign objects.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a cigarette filter tip and in his opinion the sample was unfit for human consumption. The matter was reported to the Health Committee on the 4th August, 1964 when proceedings were authorised. The case was heard on the 7th October, 1964 when a plea of "guilty" was made. The case was found proved and the defendants were fined £30 and were ordered to pay costs of £3 18s. 0d.

TABLE 3—continued

No. of Sample	Nature of samples and Result of Analysis, etc.	Administrative action taken
129	Steak and Kidney Pie affected with mould.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was affected by a mould. In his opinion the sample was unsatisfactory. This matter was reported to the Health Committee on the 4th August, 1964 when the Town Clerk was instructed to send a letter of warning to the manufacturer.
130	Steak and Kidney Pie affected by mould.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was mouldy and was unfit for human consumption. This matter was reported to the Health Committee on the 4th August, 1964 when the Town Clerk was instructed to send a letter of warning to the manufacturer.
136	Portion of Apple Pie containing traces of iron and carbon.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the extraneous matter found in the apple pasty was a discolouration due to iron and carbon. Whilst these substances were so small as to be harmless, he classified the sample as irregular in that it contained the foreign substances. The Chief Public Health Inspector drew the attention of the baker to the matter.
137	Bottle of milk in dirty condition.	Informal sample submitted for analysis following a complaint from the Health Department of another Authority. The Public Analyst reported that there was a light grey stain on the bottle probably due to a trace of cement and although in his opinion the milk was not affected in any way by the stain the bottle was not in a state of thorough cleanliness. This matter was reported to the Health Committee on the 4th August, 1964 when the Town Clerk was instructed to send a letter of warning to the producer.
138	Corned Mutton containing dark object.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a dark object and he was of the opinion that the object was simply a piece of kidney. He regarded the sample as irregular but wholesome. No further action was taken.



TABLE 3—continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
139	Brawn abnormal smell.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample had deteriorated and smelled of decomposition products. In his opinion the sample was unfit for human consumption. The Chief Public Health Inspector drew the attention of the manufacturer to the matter.
142	Loaf containing piece of coal.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body namely, a piece of coal and he regarded the sample as unsatisfactory. This matter was reported to the Health Committee on the 4th August, 1964 when legal proceedings were authorised. The case was heard on the 14th October, 1964, but was dismissed by the Magistrates because the summons was not in the correct form. 4/- costs were awarded against the Local Authority.
148	Milk, dirty bottle.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the bottle had a grey discolouration which consisted of milk Residues and gritty particles, and was not in a state of thorough cleanliness. The milk bottle was filled in the district of a neighbouring authority and the Chief Public Health Inspector drew the attention of the Health Department concerned to the matter.
158	Marmalade not of the required standard.	A routine informal sample was purchased and submitted for analysis. The Public Analyst reported that the marmalade was below the Food Standards (Preserves) Order, 1953, in that it contained only 64.5% of soluble solids instead of at least 65%. It was not possible to obtain a formal sample because this brand of marmalade is no longer in production. No further action was taken.
165	Sugar containing grey dust.	Informal sample submitted to analysis following complaint. The Public Analyst reported that the sample consisted of a box containing two layers of sugar cubes. On several of the lower cubes was a sprinkling of grey dusty matter. If it could be established that the substance was on the sugar cubes when purchased he was of the opinion that the sample was unsatisfactory. On further investigation it was found that the substance was mineral oil from a bearing. The Chief Public Health Inspector drew the attention of the producer to the matter.

TABLE 3—continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
231	Milk deficient in fat.	A routine informal sample was purchased and submitted for analysis. The Public Analyst reported that the sample was 34.3% deficient in fat. This matter was reported to the Health Committee on the 3rd November, 1964 when the Town Clerk was instructed to send a letter of warning to the retailer.
234	Milk Bottle containing lime deposits.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample had a deposit on the inner surface of the bottle at the base. In his opinion the deposit was probably lime which had carbonated with the action of the atmosphere and the bottle was not in a state of thorough cleanliness. The Chief Public Health Inspector drew the attention of the producer to the matter.
238	Baked Beans containing small stone.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign object, namely a small piece of stone and he was of the opinion that the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the manufacturer to the matter.
250	Loaf of White Bread stained with lubricant.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained foreign matter, namely particles of bread crumb stained by traces of iron and lubricant and he classified the sample as unsatisfactory. The Chief Public Health Inspector drew the attention of the baker to the matter.
257	White Loaf stained with lubricant.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained foreign matter, namely iron stained lubricant which had resulted in dark coloured stains and in his opinion the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the baker to the matter.

TABLE 3—continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
265	Chocolate Mint Cracknel containing imitation pearl	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely an imitation "pearl" which had been pressed into the chocolate and he was of the opinion that the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the manufacturer to the matter.
268	Bottle of Milk contains mould residues.	Informal sample submitted for analysis following complaint. The Public Analyst reported that on the inner surface of the bottle were several specks of black mould filaments. This milk was produced and bottled in the district of a neighbouring authority and the Chief Public Health Inspector drew the attention of the Health Department concerned to the matter. The Ministry of Agriculture, Fisheries and Food were also informed of the complaint.
269	Sliced Loaf stained by lubricant.	Informal sample submitted for analysis following complaint. The Public Analyst reported that sample contained a flake of bread stained with iron, carbon, and a small quantity of lubricant and in his opinion the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the baker to the matter.
274	Sausage Roll containing part of tooth.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a small piece of tooth and in his opinion the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the manufacturer to the matter.
301	Peanuts containing moth larvae.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained the larvae of a moth and although the infestation was not severe he considered the sample to be unsatisfactory. The Chief Public Health Inspector drew the attention of the retailer to the matter and the peanuts were withdrawn from sale and returned to the supplier.



TABLE 3—continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
303	Milk Chocolate Neapolitans affected with larvae.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample had suffered damage from the eggs of the Ephestia Moth and he regarded the sample as unsatisfactory. It was found that the sample was from old stock which was withdrawn from sale when the Chief Public Health Inspector drew the attention of the retailer to the matter.
320	White Sliced Loaf containing Jute Fibre.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained fibrous foreign matter, namely jute and in his opinion the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the baker to the matter.
321	Milk containing foreign object.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign object, namely a bristle and in his opinion the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the producer to the matter.
334 335	Tins of Corned Mutton discoloured meat.	Informal samples submitted for analysis following complaint. The Public Analyst reported that parts of the meat were stained with iron from the canisters. In his opinion one of the samples was unsatisfactory and the other was sub-standard. This matter was reported to the Health Committee on the 2nd February, 1965 when the Town Clerk was instructed to write to the Ministry drawing attention to the unsatisfactory food sold under warranty.
336	White Loaf discolouration of Crust.	Informal sample submitted for analysis following complaint, that a discolouration on the bottom crust resembled a trace left by a cat's paws. The Public Analyst reported that the stain contained traces of iron and may have been caused by a rusty tin. The amount of iron concerned was not harmful but he considered the sample to be irregular. The Chief Public Health Inspector drew the attention of the baker to the matter.

TABLE 3—continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
166	Okra containing larvae.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained two foreign bodies, namely, insect larvae and he regarded the sample as unsatisfactory. This matter was reported to the Health Committee on the 1st September, 1964 when the Town Clerk was instructed to send a letter of warning to the retailer.
167	Cornish Pasty affected by mould.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was mouldy and was unfit for human consumption. This matter was reported to the Health Committee on the 4th August, 1964 when the Town Clerk was instructed to send a letter of warning to the manufacturer.
168	Brown Loaf containing twine.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the loaf contained a foreign body, namely a piece of twine, and he considered the sample to be unsatisfactory. This matter was reported to the Health Committee on the 1st September, 1964 when the Town Clerk was instructed to send a letter of warning to the Bakers.
169	Meat Pie affected by mould.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was mouldy and unfit for human consumption. This matter was reported to the Health Committee on the 1st September, 1964 when legal proceedings were authorised. The case was heard on the 30th December, 1964 when a plea of "guilty" was made.—The case was found proved and the defendants were fined £35 0s. 0d. and were ordered to pay costs of £3 18s. 0d.
172	French Bun.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the objects embedded in the icing were poppy seeds which are sometimes used for cake decoration and which are edible in the same way as caraway seeds are edible. No further action was taken.

TABLE 3—continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
173	Beef Steak containing cattle skin and hair.	Informal sample submitted for analysis following complaint from the Health Department of another Authority. The Public Analyst reported that the sample contained a foreign substance, namely cattle skin and hair, and he was of the opinion that the sample was unsatisfactory. This matter was reported to the Health Committee on the 1st September, 1964 when the Town Clerk was instructed to send a letter of warning to the manufacturer.
174	Tea Cake containing iron and lubricant.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained foreign bodies, namely particles of dough stained by iron and lubricant and although the amounts of iron and lubricant were not sufficient to be harmful, he classified the sample as unsatisfactory. The Chief Public Health Inspector drew the attention of the baker to the matter.
190	Non-brewed Condiment containing insect.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely an insect, which, in his opinion was an immature cockroach. This matter was reported to the Health Committee on the 6th October, 1964 when the Town Clerk was instructed to send a letter of warning to the manufacturer.
191 193	Milks deficient in fat.	Five formal samples were obtained from a producer's consignment at the pasteurising plant. The Public Analyst reported that two of the samples were 5.3% and 15.6% respectively deficient in fat. It was found that the average fat content of the five samples when bulked together was 3.28%. The Chief Public Health Inspector drew the attention of the producer to the matter.
197	Milk deficient in fat.	Four formal samples were obtained from a producer's consignment at the pasteurising plant. The Public Analyst reported that one of the samples was 3.0% deficient in fat. It was found that the average fat content of the four samples when bulked together was 3.25%. The Chief Public Health Inspector drew the attention of the producer to the matter.



TABLE 3—continued.

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
198	Steak and Kidney Pie containing Crane Fly.	Informal sample submitted for analysis following complaint. The Public Analyst reported that having found a foreign body, namely an insect, in the pie, he was of the opinion that the sample was unsatisfactory. In his opinion the insect was a Crane Fly. The Chief Public Health Inspector drew the attention of the manufacturer to the matter.
199	Cream of Tomato Soup—Sample mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the tin contained a residue of solidified mouldy soup, unfit for human consumption. The tin had at some earlier time been punctured by mechanical damage. This matter was reported to the Health Committee on the 6th October, 1964 when the Town Clerk was instructed to send a letter of warning to the manufacturer.
200	Steak and Kidney Pie—Sample mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the pie was mouldy and out of condition and in his opinion was unfit for human consumption. This matter was reported to the Health Committee on the 6th October, 1964 when legal proceedings were authorised. The case was heard on the 9th December, 1964 when a plea of "guilty" was made. The case was found proved and the defendants were fined £5 and ordered to pay costs of £3 18s. 0d.
201	Apple Tart containing wasp.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a wasp and he was of the opinion that the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the manufacturer to the matter.
202	Buttered teacake containing an insect.	Informal sample submitted for analysis following complaint. The Public Analyst reported that having found a foreign body, namely an insect, in the teacake, he was of the opinion that the sample was unsatisfactory. The insect appeared to be an immature Specimen of the cricket family. The Chief Public Health Inspector drew the attention of the baker to the matter.

TABLE 3—continued.

No. of Sample	Nature of samples and Result of Analysis, etc.	Administrative action taken
208	Bottle of Milk in dirty condition.	<p>Informal sample submitted for analysis following a complaint from the Health Department of another Authority. The Public Analyst reported that on the inner surface of the bottle there was a band of foreign matter including mouldy milk residues, algae, grit and dust, and in his opinion the bottle was not in a state of thorough cleanliness. This matter was reported to the Health Committee on the 6th October, 1964 when legal proceedings were authorised. The case was heard on the 9th December, 1964 when a plea of "guilty" was made. This case was found proved and the Magistrates imposed a fine of £5 and ordered the defendants to pay costs of £3 18s. 0d.</p>
209	Teacake.	<p>Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained numerous brown spherical pellets, about as large as the head of a pin. In his opinion the spheres were cake decorations commonly known as "hundreds and thousands" and the "foreign bodies" were edible, clean and harmless. No further action was taken.</p>
210	Sliced Loaf mouldy.	<p>Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was affected by mould and in his opinion was unfit for human consumption. This matter was reported to the Health Committee on the 6th October, 1964 when the Town Clerk was instructed to send a letter of warning to the retailers.</p>
224	Bottle of milk dirty bottle.	<p>Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample had a grey deposit on the inner surface of the bottle at the base. In his opinion the deposit was probably lime which had been carbonated and hardened by the action of the atmosphere and the bottle was not in the state of thorough cleanliness. The Chief Public Health Inspector drew the attention of the producer to the matter.</p>

## MEAT AND FOOD INSPECTIONS

The higher price of meat which prevailed during much of the year was probably the principal reason for a general reduction in the number of animals slaughtered. Whether or not this higher price is to be permanent remains to be seen, but the public seems, at the moment, to be unwilling to buy the same amount of meat as before the increase. The consumption of fowl has therefore increased, and although no exact figures are available, we know that many thousands of birds per week are being sold from a factory in the town, for distribution over a wide area, with inspection by the trade only. Although this factory is well managed and hygienically operated, nevertheless it would be more satisfactory if this quantity of fresh poultry meat was only allowed on to the market after prior inspection by the local authority. It is to be hoped that soon we shall have a compulsory poultry inspection service. Condemnations of fluky livers were again many, but apparently neither farmers nor butchers feel such losses so keenly as to interest them in attempting to control the condition. There was no reduction in the incidence of liver abscess in barley fed cattle. One can now see at least one reason for the old farming adage that barley is a dangerous food for cattle.

Carcases were condemned for, among other things, actinomycosis, lung cancer, septic metritis, jaundice, johnes disease and bone taint.

A number of sheep were slaughtered each week for the Pakistani community. The method of slaughter may appear cruel to the uninitiated and the quality of the sheep poor by our standards, this very thin mutton perhaps being similar to goat meat which here is not available in any quantity. The view has been taken that, so long as the carcasses are not diseased or oedematous, then no matter how thin, they may be used for food. This standard is perhaps not exactly similar to that set for sheep slaughtered for the general trade.

Much of the jersey potato crop was not up to the usual high standard and was fit for sale only after being thoroughly inspected and sorted, a task jointly undertaken by the trade and the inspectorate, resulting in the condemnation of over  $1\frac{1}{2}$  tons of potatoes.

Throughout the year numerous specimens were sent for examination to the Pathological Laboratory at the Royal Halifax Infirmary and, once again, sincere thanks are extended to Dr. Garson and his staff for their continued courtesy and co-operation.

## EXCHEQUER GRANT TOWARDS MEAT INSPECTION

This grant ceased in October 1963 when charges for Meat Inspection were introduced.

The local authority decided to charge at maximum rate, i.e. 2/6d. per head of cattle, 9d. per calf or pig, and 6d. per sheep.



Increased staff was provided to ensure every carcass is inspected and marked before removal from the abattoir.

CARCASSES INSPECTED AND CONDEMNED

The following table shows the number of animals slaughtered during the year and the number condemned :—

	Public Abattoir					
	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed .....	6,259	5,337	701	37,858	9,463	—
Number inspected .....	6,259	5,337	701	37,858	9,463	—
ALL DISEASES EXCEPT T.B. & CYSTICERCI						
Whole carcasses Condemned .....	—	17	7	28	25	—
Carcasses of which some part or organ was con- demned .....	705	1,280	—	754	442	—
Percentage of the number inspected with disease other than T.B. and cysticerici .....	11.10	24.5	1.00	2.05	4.92	—
TUBERCULOSIS ONLY						
Whole carcasses condemned .....	—	—	—	—	—	—
Carcasses of which some part or organ was condemned .....	—	3	—	—	3	—
Percentage of the number inspected affected with Tuberculosis .....	—	0.06	—	—	0.03	—
CYSTICERCOSIS						
Carcasses of which some part or organ was con- demned .....	1	—	—	—	—	—
Carcasses submitted to treated by refrigeration .....	1	—	—	—	—	—
Generalised and totally condemned .....	—	—	—	—	—	—

The following table shows the total approximate weight of meat and offals, destroyed on account of tuberculosis, and from other causes :—

	lbs.
Total amount of Meat destroyed ... ..	13,149
Total amount of Offals destroyed ... ..	36,782
Total amount of Meat destroyed on account of Tuberculosis ... ..	24
Total amount of Offals destroyed on account of Tuberculosis ... ..	42
Total amount of Meat destroyed from other causes ... ..	13,125
Total amount of Offals destroyed from other causes ... ..	36,740
Total Meat and Offals destroyed ... ..	49,931

## FOOD INSPECTION

The following Table shows the amount of foods condemned :-

Food Condemend						Quantity in lbs.
17 Carcases of Beef	..	..	..	..	..	7,350
Beef not in carcase	..	..	..	..	..	790
7 Carcases of Veal	..	..	..	..	..	215
28 Carcases of Mutton	..	..	..	..	..	923
25 Carcases of Pork	..	..	..	..	..	3,090
Pork not in carcase	..	..	..	..	..	781
Offals	..	..	..	..	..	36,782
Bacon and Ham	..	..	..	..	..	—
Canned Foods	..	..	..	..	..	5,154
Frozen Foods	..	..	..	..	..	581
Fish..	..	..	..	..	..	906
Fruit	..	..	..	..	..	1,404
Imported Meat and Offals	..	..	..	..	..	—
Vegetables..	..	..	..	..	..	4,016
Other Foods	..	..	..	..	..	181
Total Weight	..	..	..	..	..	62,173

## DISPOSAL OF CONDEMNED FOOD

Diseased carcase meat and offal are disposed of to a firm at Thornton, where it is sterilised before manufacture into fertiliser. The plant is subject to inspection by the public health inspector of the district, whose report is satisfactory. The condemned meat is transported in vehicles complying with the Meat (Staining and Sterilization) Regulations, 1960.

All other condemned food is disposed of by controlled tipping on the Corporation tips.

## PROSECUTIONS DURING 1964

Date of Hearing	Act	Offence	Penalty
18.3.64	Food & Drugs Act, 1955, Section 8	Selling a sponge cake unfit for human consumption	Defendants fined £25 with £5 7s. 0d. costs
18.3.64	Food & Drugs Act, 1955, Section 2	Selling a pork pie which was not of the substance demanded	Defendants fined £10 with £3 5s. 0d. costs
18.3.64	Food & Drugs Act, 1955, Section 8	Selling a lettuce sandwich unfit for human consumption	Defendants fined £50 with £3 5s. 0d. costs
22.4.64	Clean Air Act, 1956	Emitting dark smoke from a chimney contrary to the Act	Defendants find £5
7.10.64	Food & Drugs Act, 1955, Section 8	Selling a cornish pasty which was unfit for human consumption	Defendants fined £30 with £3 18s. 0d. costs
9.12.64	Food & Drugs Act, 1955, Section 8	Selling a steak & kidney Pie unfit for human consumption	Defendants fined £5 with £3 18s. 0d. costs
9.12.64	Food & Drugs Act, 1955. The Milk & Dairies (General) Regulations, 1959	Offering for sale milk in a bottle which was not in a state of thorough cleanliness	Defendants fined £5 with £3 18s. 0d. cost
30.12.64	Food & Drugs Act, 1955, Section 8	Selling a meat pie unfit for human consumption	Defendants fined £35 with £3 18s. 0d. costs



## SECTION VII

### CLEAN AIR AND CLIMATE

#### Smoke Control Areas

Information supplied by Mr. A. W. Perry  
Chief Public Health Inspector.

Seven of the fourteen areas in the local authority's first Five Year Programme to deal with domestic smoke pollution in Halifax were in operation at the end of the year. These areas comprised 7,612 premises including 6,587 dwellings and covered 1,634 acres. A further 1,465 premises and 1,422 dwellings covering 208 acres in the No. 8 (Cousin Lane East), the No. 9 (Pye Nest & Rochdale Road) and the No. 10 (Illingworth—Riley Lane West) Smoke Control Areas were confirmed by the Minister of Housing and Local Government during the year. These Orders come into operation on the 1st July 1965.

The No. 11 (Highroad Well) Smoke Control Area was surveyed. This area is bounded on the south west by Burnley Road, the carriageway Ordnance Survey No. 833, Stock Lane, the footpath Ordnance Survey Nos. 827/1347, the southern boundary of fields 1339 and 1338, and the western boundary by the latter field, by Warley Edge Lane, Newlands Road, the boundary wall of Norton Tower, and garden boundaries of existing properties in Roils Head Road and the southern, eastern, and northern boundaries of field 1447. On the west by the western boundaries of fields 1451 and 1452, the footway 1453 and Vicar Park Road. On the north east by Rye Lane, Highroad Well Lane, Sandhall Lane, Bob Lane, Sandhall Green, footpath No. 1388, the rear boundaries of properties in Spring Hall Gardens, Spring Hall Lane and Warley Road. In the area are 1733 dwellings, of which 105 are local authority owned, 36 commercial premises, 9 industrial premises, and 17 other buildings.

At the end of the year 9,077 premises including 8,009 houses, covering 1,842 acres were either in areas in operation or confirmed Orders. This is 23% of the houses in Halifax.

The decrease in the amount of smoke emitted has continued. The volumetric gauge situate in the Health Department showed that for the months of January, February, and March, 1964 there was a reduction of 56% in the amount of smoke recorded as compared with the same period in 1959, prior to smoke control, as shown in the accompanying graphs. This figure is good and would, no doubt, have been even more satisfactory but for the fact that, despite the obvious benefits to be derived from smoke control, certain merchants have continued to deliver coal in Smoke Control Areas.

Observations have revealed the emission of coal smoke from

a number of dwellinghouses in each of the above areas. The occupier of the premises has been interviewed in each case and has had his attention drawn to the requirements of the relative Smoke Control Order and the penalty for non-compliance with its provisions.

During the year grants paid in respect of adaptations in dwellinghouses amounted to:—

Area No.	Grant Repaid during year		
4	£168	3s.	10d.
6	£1,840	12s.	2d.
7	£1,726	7s.	7d.
9	£67	5s.	4d.

In consequence of technological changes in the gas industry, which are themselves to be welcomed, open grate gas coke can no longer be regarded as the main replacement for raw coal in future smoke control areas.

There is an abundant supply of hard coke available however, and the local authority are now empowered to pay grant on the full expenditure reasonably incurred on the installation of openable stoves and underfloor draught fires, which are capable of burning this fuel, in future smoke control areas.

**General**

**INDUSTRIAL SMOKE**

The number of smoke observations made during the year was 1,131.

Visits to works—some in connection with smoke emissions—numbered 104 and industrial boiler plants were improved to reduce smoke emission in eight cases.

There were nine applications to the Council requesting prior approval of new furnaces, and, in each case, approval was granted. Seven plans showing the proposed construction of new chimneys were examined and in each case a satisfactory chimney height was agreed with the architect concerned.

Proceedings were instituted against the occupiers of a mill for emitting dark smoke from the boiler chimney contrary to Section 1(1) of the Clean Air Act, 1956. The case was found proved and the Company was fined £5 0s. 0d.

**THE INVESTIGATION OF ATMOSPHERIC POLLUTION**

1,464 visits have been made by members of the Health Department staff to the atmospheric pollution gauges in the Borough.

Daily readings have also been recorded at Heath Grammar School and thanks are due to those masters and pupils of the school who have continued to assist the Health Department with this work.

TABLE 1

DEPOSITED ATMOSPHERIC POLLUTION, 1964

(Tons per square mile)

Month	AKROYD PARK (½ mile North)				BELLE VUE PARK (½ mile West)				INFIRMARY (½ mile South)				WEST VIEW PARK (1½ miles West)			
	Rainfall in inches	Insoluble Solids	Soluble Solids	Total Solids	Rainfall in inches	Insoluble Solids	Soluble Solids	Total Solids	Rainfall in inches	Insoluble Solids	Soluble Solids	Total Solids	Rainfall in inches	Insoluble Solids	Soluble Solids	Total Solids
January ..	1.77	7.24	5.36	12.60	1.50	4.85	4.51	9.36	1.14	3.64	2.94	6.58	1.50	3.67	4.51	8.18
February ..	1.10	6.24	5.67	11.91	1.02	5.72	4.68	10.40	0.95	*	*	*	1.02	3.99	4.55	8.54
March ..	3.78	6.92	8.37	15.29	4.14	9.08	9.57	18.65	2.92	12.81	6.28	19.09	4.14	9.33	10.37	19.70
April ..	*	*	*	*	2.37	5.66	4.76	10.42	2.25	4.94	4.63	9.57	2.33	5.08	5.58	10.66
May..	2.17	7.44	5.62	13.06	2.60	*	*	*	2.29	5.22	4.79	10.01	1.50	6.23	13.89	20.12
June..	*	*	*	*	2.37	3.92	4.56	8.48	*	*	*	*	2.33	5.18	4.46	9.64
July ..	*	*	*	*	2.52	6.17	6.57	12.74	2.48	4.15	5.19	9.34	2.88	6.51	8.10	14.61
August ..	*	*	*	*	2.68	3.53	4.13	7.66	2.60	2.97	4.78	7.75	2.84	5.20	5.46	8.18
September ..	1.18	5.37	3.55	8.92	1.18	3.91	4.87	8.78	0.99	3.96	3.36	7.32	1.22	5.20	4.07	9.27
October ..	2.25	3.78	5.49	9.27	2.68	4.07	4.62	8.69	2.64	3.28	4.46	7.74	2.72	3.56	4.31	7.87
November ..	1.97	2.89	4.43	7.32	2.60	5.00	7.31	12.31	2.17	3.55	4.90	8.45	2.48	4.28	5.54	9.82
December ..	4.81	4.53	8.14	12.67	5.64	4.69	7.58	12.27	5.13	2.96	5.84	8.80	5.00	3.06	6.07	9.13
Aggregate ..	19.03	44.41	46.63	91.04	31.30	56.60	63.16	119.76	25.56	47.48	47.17	94.65	29.96	58.81	76.91	135.72
Averages ..	2.38	5.55	5.83	11.38	2.61	5.15	5.74	10.89	2.32	4.75	4.71	9.46	2.50	4.90	6.41	11.31

\* Records spoilt by unlawful interference with gauge

Monthly Average for Borough:—

Insoluble Solids .. ..	5.09 tons per square mile
Soluble Solids ... ..	5.67 ” ”
Total Solids ... ..	10.76 ” ”
Rainfall in inches ... ..	2.45 ” ”

Total Annual Deposit for Whole Borough: 129.10 tons per square mile



**Total Annual Deposit for the whole Borough for  
the past ten years**

					(tons per square mile)
1964	...	...	...	...	129.10
1963	...	...	...	...	138.89
1962	...	...	...	...	154.80
1961	...	...	...	...	174.00
1960	...	..	...	...	172.28
1959	...	...	...	...	159.84
1958	...	...	...	...	166.16
1957	...	...	...	...	150.00
1956	...	...	...	...	172.08
1955	...	...	...	...	159.36
[1947	...	...	...	...	241.91]

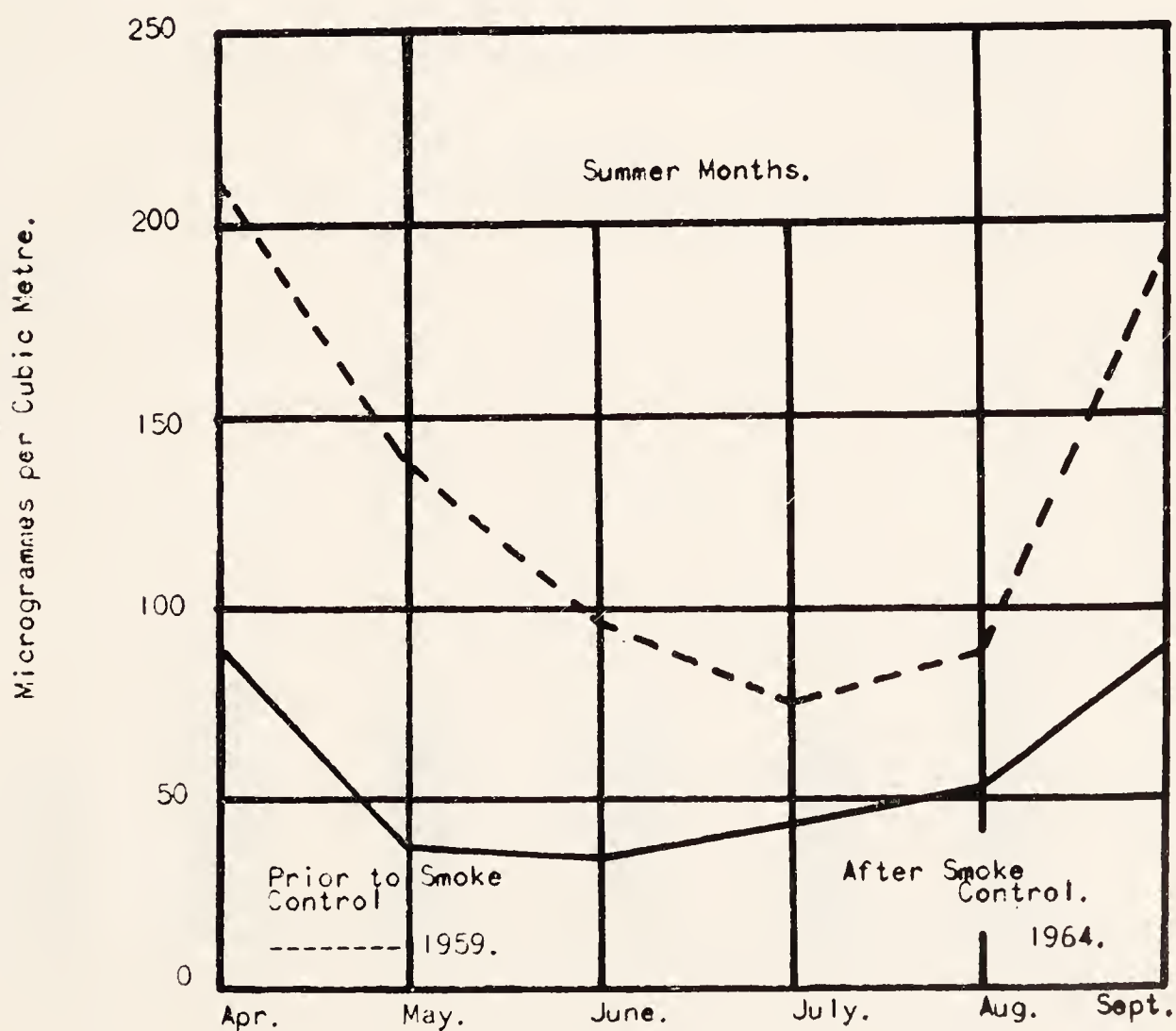
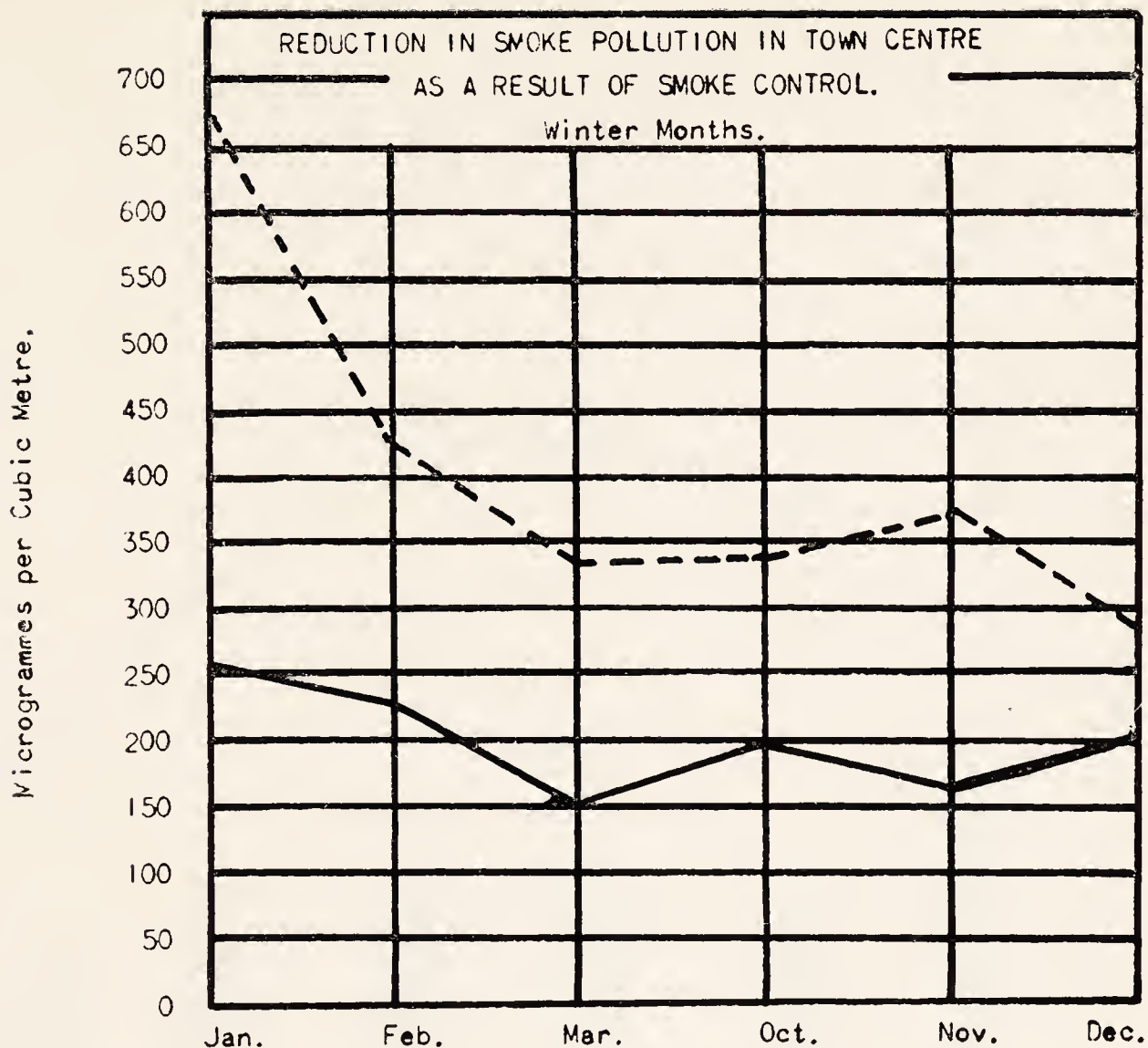
Total Daily Averages of Sulphur Pollution—Lead Peroxide  
Method for the whole of Borough for the past ten years.

					Milligrams of SO <sub>2</sub> per 100 square centimetres
1964	...	...	...	...	2.55
1963	...	...	...	...	2.58
1962	...	...	...	...	2.30
1961	...	...	...	...	2.36
1960	...	...	...	...	2.20
1959	...	...	...	...	2.34
1958	...	...	...	...	2.61
1957	...	...	...	...	2.61
1956	...	...	...	...	2.72
1955	...	...	...	...	2.65
[1947	...	...	...	...	2.75]

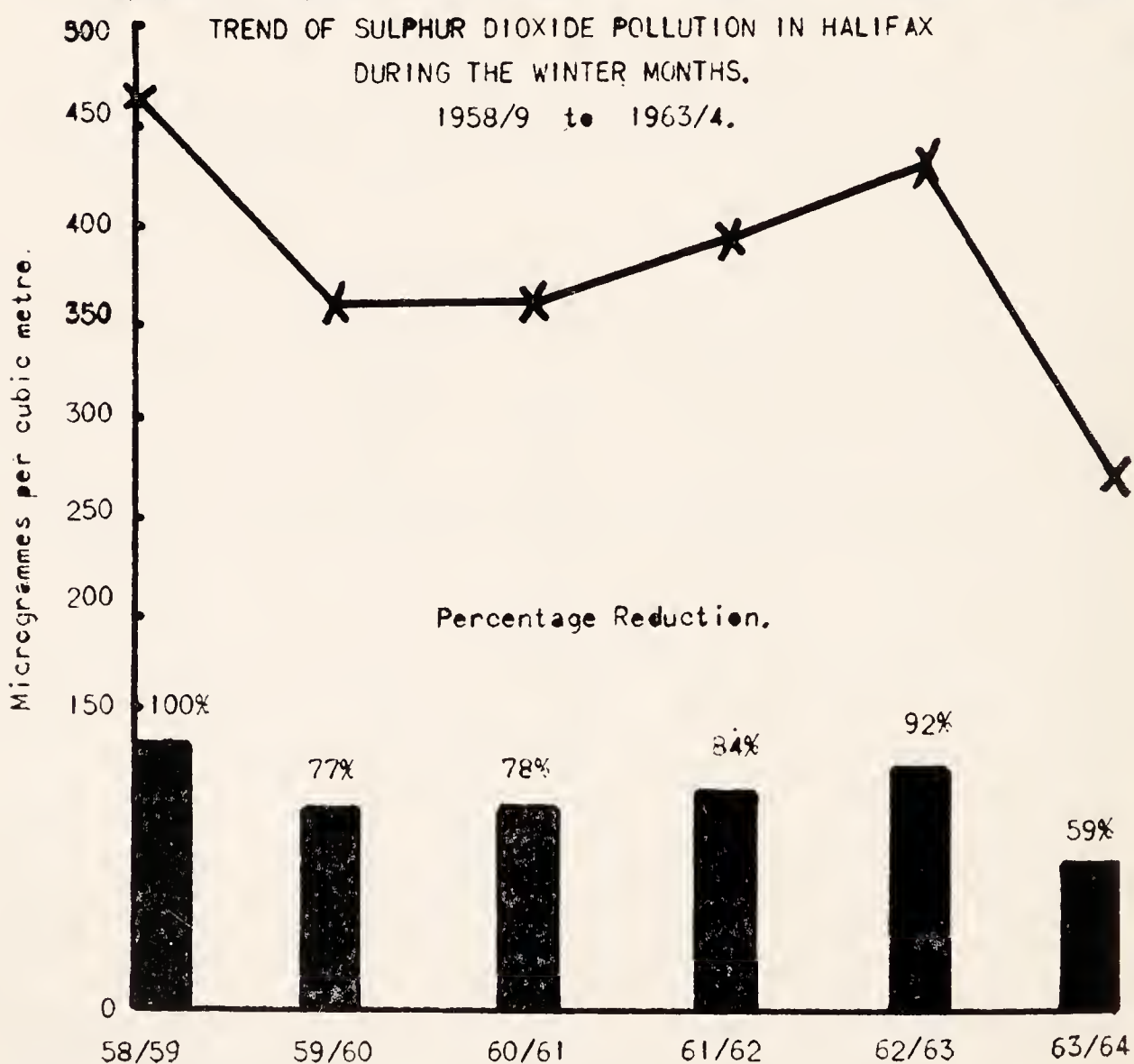
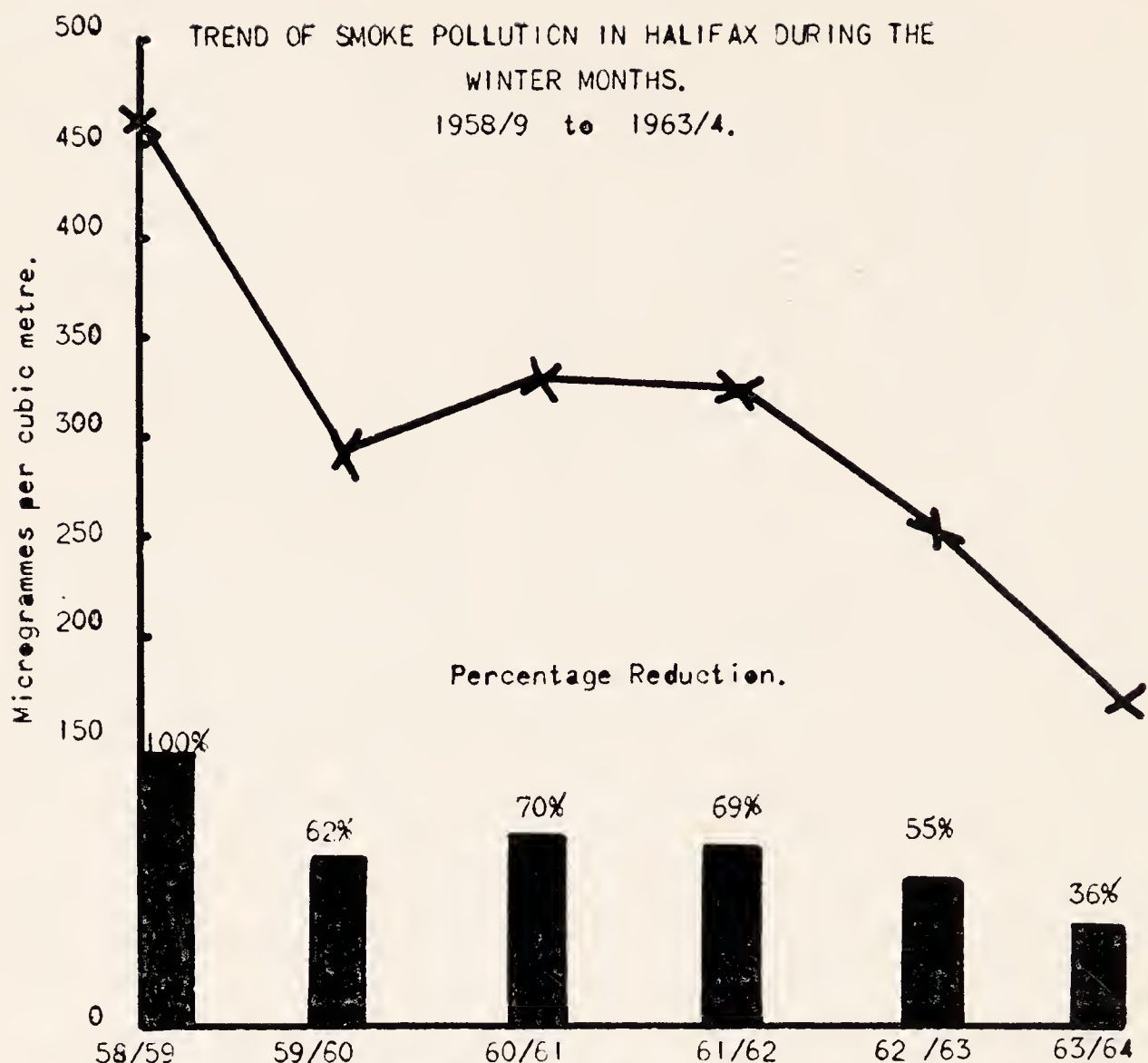
TABLE 2  
SULPHUR POLLUTION—LEAD PEROXIDE METHOD, 1964

STATION	MILLIGRAMS OF SO <sub>2</sub> PER 100 SQUARE CENTIMETRES—DAILY AVERAGES												
	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total Daily
WEST VIEW PARK ..	3.39	3.32	4.30	1.55	1.18	0.95	0.69	0.81	1.48	2.10	2.73	3.21	2.14
BEACON HILL ..	5.15	3.88	2.71	★	★	1.60	1.59	1.67	2.54	★	★	4.64	2.97
TOTAL DAILY AVERAGES	4.27	3.60	3.50	1.55	1.18	1.27	1.14	1.24	2.01	2.10	2.73	3.93	2.55

★ Owing to damage to the equipment, no results are available.







General Summary of Meteorological Observations taken at the Central Public Library, Belle Vue, Halifax, from January 1st to December 31st, 1964

Prepared by Mr. F. C. Pritchard, F.L.A., Chief Librarian.

Latitude of Station: 53° 43' N.

Longitude of Station: 1° 52' W.

Altitude 625 feet (Barometer 632 feet)

1964  MONTH	Barometer		Air Temperatures										Mean Temperature				Relative Humidity	Vapour Pressure	Mean reading of Thermometers						Wind										Mean Amount of Cloud	Rainfall			
	Mean at 32°F. and sea level	Range	Maximum		Minimum		Range	Mean				Air	Dew Point	Maximum in sun's rays	Minimum on grass	Earth 4 feet down			Est. Strength	Relative Proportion								Calms	No. of Raindays	Amount Collected									
								Maxima	Minima	Range	North									North East	East	South East	South	South West	West	North West													
			°F	°C	°F	°C																					°F				°C	°F	°C	°F		°C	°F	°C	°F
January ..	30.383	1.091	50.3	10.2	22.3	—5.4	28.0	15.6	41.4	5.2	33.8	1.0	7.6	4.2	37.6	3.1	34	1.1	88	6.8	56.6	13.7	29.9	—1.2	41	5.0	2	1	6	2	4	0	12	4	11	5	6	14	1.53
February ..	30.047	1.598	54.7	12.6	23.5	—4.7	31.2	17.3	42.7	5.9	34.5	1.4	8.2	4.5	38.6	3.7	35	1.7	86	6.9	68.5	20.3	30.9	—0.6	41	5.0	3	0	3	0	20	0	4	3	14	2	5	15	1.09
March ..	29.972	1.211	49.0	9.4	28.3	—2.1	20.7	11.5	40.8	4.9	34.3	1.3	6.5	3.6	37.5	3.1	34	1.1	86	6.7	72.8	22.7	32.3	0.2	41	5.0	3	0	9	10	24	0	0	4	2	7	18	4.17	
April ..	29.886	0.930	65.9	18.8	32.4	0.2	33.5	18.6	52.8	11.6	41.2	5.1	11.6	6.5	47.0	8.3	38	3.3	69	7.8	95.9	35.5	38.0	3.3	43	6.1	4	0	10	1	5	2	12	3	10	2	6	19	2.39
May ..	29.959	0.996	74.2	23.4	42.1	5.6	32.1	17.8	62.1	16.7	47.0	8.3	15.1	8.4	54.5	12.5	45	7.2	64	10.3	109.9	43.3	43.6	6.4	48	8.9	4	0	8	0	7	0	19	4	8	1	5	16	2.64
June ..	29.980	0.808	73.3	22.9	39.3	4.1	34.0	18.8	60.6	15.9	48.9	9.4	11.7	6.5	54.8	12.7	47	8.3	71	10.9	96.9	36.1	45.9	7.7	52	11.1	4	3	9	2	5	1	10	7	8	2	7	19	2.38
July ..	30.029	1.055	76.3	24.6	45.1	7.3	31.2	17.3	64.7	18.2	52.8	11.6	11.9	6.6	58.7	14.8	50	10.0	70	12.3	107.2	41.8	49.0	9.4	55	12.8	4	0	3	0	3	1	12	10	15	1	6	19	2.57
August ..	29.953	1.395	75.9	24.4	39.3	4.1	36.6	20.3	64.7	18.2	51.2	10.7	13.5	7.5	58.0	14.4	49	9.4	70	12.3	111.5	44.2	46.2	7.9	56	13.3	3	0	8	1	5	0	16	5	12	1	5	11	2.70
September ..	30.036	1.188	73.2	22.9	34.5	1.4	38.7	21.5	62.8	17.1	49.3	9.6	13.5	7.5	56.1	13.4	49	9.4	73	12.0	106.5	41.4	42.5	5.8	55	12.8	3	0	1	3	6	1	12	9	9	3	5	15	1.23
October ..	29.958	1.525	60.2	15.7	30.5	—0.8	29.7	16.5	52.7	11.5	42.3	5.7	10.4	5.8	47.5	8.6	41	5.0	75	9.0	85.3	29.6	36.5	2.5	51	10.6	2	0	2	5	8	0	8	3	15	8	5	10	2.68
November ..	30.060	1.302	56.6	13.7	29.2	—1.6	27.4	15.3	48.4	9.1	40.4	4.7	8.0	4.4	44.4	6.9	41	5.0	86	8.7	72.4	22.4	40.2	4.6	48	8.9	3	0	7	4	0	0	8	4	19	2	6	18	2.45
December ..	29.926	1.368	53.9	12.2	20.2	—6.6	33.7	18.8	43.1	6.2	32.9	0.5	10.2	5.7	38.0	3.3	34	1.1	88	6.8	58.0	14.4	30.4	—0.9	44	6.7	3	2	7	2	0	0	16	4	7	5	5	20	5.30
Annual Means	30.016	1.206	63.6	17.6	32.2	0.1	31.4	17.5	53.1	11.7	42.4	5.8	10.7	5.9	47.7	8.7	41	5.2	77	9.2	86.8	30.4	38.8	3.8	48	8.9	3	1	6	3	7	0	11	5	11	3	6	Total 194	Total 31.13

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